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**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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<b>In re</b>	:
	:
	<b>Chapter 11</b>
<b>SEARS HOLDINGS CORPORATION, et al.,</b>	:
	:
	<b>Case No. 18-23538 (RDD)</b>
	:
<b>Debtors.<sup>1</sup></b>	:
	<b>(Jointly Administered)</b>
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**SCHEDULES OF ASSETS AND LIABILITIES FOR  
SEARS HOLDINGS CORPORATION  
CASE NO. 18-23538 (RDD)**

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are as follows: Sears Holdings Corporation (0798); Kmart Holding Corporation (3116); Kmart Operations LLC (6546); Sears Operations LLC (4331); Sears, Roebuck and Co. (0680); ServiceLive Inc. (6774); SHC Licensed Business LLC (3718); A&E Factory Service, LLC (6695); A&E Home Delivery, LLC (0205); A&E Lawn & Garden, LLC (5028); A&E Signature Service, LLC (0204); FBA Holdings Inc. (6537); Innovel Solutions, Inc. (7180); Kmart Corporation (9500); MaxServ, Inc. (7626); Private Brands, Ltd. (4022); Sears Development Co. (6028); Sears Holdings Management Corporation (2148); Sears Home & Business Franchises, Inc. (6742); Sears Home Improvement Products, Inc. (8591); Sears Insurance Services, L.L.C. (7182); Sears Procurement Services, Inc. (2859); Sears Protection Company (1250); Sears Protection Company (PR) Inc. (4861); Sears Roebuck Acceptance Corp. (0535); Sears, Roebuck de Puerto Rico, Inc. (3626); SYW Relay LLC (1870); Wally Labs LLC (None); SHC Promotions LLC (9626); Big Beaver of Florida Development, LLC (None); California Builder Appliances, Inc. (6327); Florida Builder Appliances, Inc. (9133); KBL Holding Inc. (1295); KLC, Inc. (0839); Kmart of Michigan, Inc. (1696); Kmart of Washington LLC (8898); Kmart Stores of Illinois LLC (8897); Kmart Stores of Texas LLC (8915); MyGofer LLC (5531); Sears Brands Business Unit Corporation (4658); Sears Holdings Publishing Company, LLC. (5554); Sears Protection Company (Florida), L.L.C. (4239); SHC Desert Springs, LLC (None); SOE, Inc. (9616); StarWest, LLC (5379); STI Merchandising, Inc. (0188); Troy Coolidge No. 13, LLC (None); BlueLight.com, Inc. (7034); Sears Brands, L.L.C. (4664); Sears Buying Services, Inc. (6533); Kmart.com LLC (9022); Sears Brands Management Corporation (5365); and SRe Holding Corporation (4816). The location of the Debtors' corporate headquarters is 3333 Beverly Road, Hoffman Estates, Illinois 60179.

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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<b>In re</b>	:
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<b>SEARS HOLDINGS CORPORATION, <i>et al.</i>,</b>	:
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<b>Debtors.<sup>1</sup></b>	:
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**Chapter 11**  
**Case No. 18-23538 (RDD)**  
**(Jointly Administered)**

**GLOBAL NOTES AND STATEMENTS OF LIMITATIONS, METHODOLOGY  
AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Sears Holdings Corporation (“**Sears Holdings**”) and certain of its affiliates, as debtors and debtors in possession (collectively, the “**Debtors**”), are filing their respective Schedules of Assets and Liabilities (each, a “**Schedule**” and, collectively, the “**Schedules**”) and Statements of Financial Affairs (each, a “**Statement**” or “**SOFA**” and, collectively, the “**Statements**” or “**SOFAs**” in the United States Bankruptcy Court for the Southern District of New York (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes and Statements of Limitations, Methodology and Disclaimers Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs (collectively, the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of all the Schedules and Statements. The Global Notes are in addition to the

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specific notes set forth below with respect to particular Schedules and Statements (the “**Specific Notes**” and, together with the Global Notes, the “**Notes**”). These Global Notes should be referred to, and referenced in connection with, any review of the Schedules and Statements.

The Debtors’ management prepared the Schedules and Statements with the assistance of their advisors and other professionals and have necessarily relied upon the efforts, statements, advice, and representations of personnel of the Debtors and the Debtors’ advisors and other professionals. Given the scale of the Debtors’ businesses, the Debtors’ management has not (and could not have) personally verified the accuracy of each statement and representation in the Schedules and Statements, including, but not limited to, statements and representations concerning amounts owed to creditors.

The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation. The Debtors’ management team and advisors have made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances; however, subsequent information or discovery may result in material changes to the Schedules or Statements and inadvertent errors, omissions, or inaccuracies may exist. Notwithstanding any such discovery, new information, or errors or omissions, the Debtors do not undertake any obligation or commitment to update the Schedules and Statements.

The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, liability, classification, identity of debtor or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.” Furthermore, nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of any of the Debtors’ rights or an admission with respect to their chapter 11 cases, including, but not limited to, any issues involving objections to claims, substantive consolidation, equitable subordination, defenses, characterization or re-characterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, or any other relevant applicable laws to recover assets or avoid transfers.

**The Schedules, Statements, and Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors or their affiliates.**

1. **Description of the Cases.** The Debtors commenced with this Court a voluntary case under chapter 11 of the Bankruptcy Code on October 15, 2018 (such Debtors, the “**Initial Debtors**”), and on October 18, 2018, October 22, 2018, and

January 7, 2018 (such Debtors, the “**Additional Debtors**”),<sup>2</sup> each such date, the “**Commencement Date**” for the relevant Debtors. The Debtors are authorized to operate their businesses and manage their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On October 16, 2018, the Bankruptcy Court entered an order authorizing the joint administration of the cases of the Initial Debtors pursuant to Bankruptcy Rule 1015(b). On November 1, 2018, November 2, 2018, and January 10, 2019, the Bankruptcy Court applied such order to the cases of the Additional Debtors. On October 24, 2018, the United States Trustee for the Southern District of New York Region 2 (the “**U.S. Trustee**”) appointed an official committee of unsecured creditors pursuant to section 1102(a)(1) of the Bankruptcy Code (the “**Creditors’ Committee**”).

2. **Basis of Presentation.** For financial reporting purposes, the Debtors generally prepare consolidated financial statements, which include financial information for Sears Holdings and its subsidiaries, including both Debtors and certain non-debtor affiliates. The Schedules and Statements are unaudited and reflect the Debtors’ reasonable efforts to report certain financial information of each Debtor on a stand-alone, unconsolidated basis. These Schedules and Statements, neither purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor.

The Debtors attempted to attribute the assets and liabilities, certain required financial information, and various cash disbursements to the proper Debtor entity. However, because the Debtors’ accounting systems, policies, and practices were developed for consolidated reporting purposes, rather than by individual legal entity, it is possible that not all assets, liabilities or amounts of cash disbursements have been recorded with the correct legal entity on the Schedules and Statements. Accordingly, the Debtors reserve all rights to supplement and/or amend the Schedules and Statements in this regard.

Given, among other things, the uncertainty surrounding the valuation of certain assets and the valuation and nature of certain liabilities, a Debtor may report more assets than liabilities. Such report shall not constitute an admission that such Debtor was solvent on the Commencement Date or at any time before or after the Commencement Date. Likewise, a Debtor reporting more liabilities than assets shall not constitute an admission that such Debtor was insolvent at the Commencement Date or any time prior to or after the Commencement Date.

3. **Reporting Date.** Unless otherwise noted, the Schedules and Statements generally reflect the Debtors’ books and records as of the close of business on the

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<sup>2</sup> The Additional Debtors, along with the last four digits of each Additional Debtor’s federal tax identification number are, as follows: (i) SHC Licensed Business LLC (3718) filed on October 18, 2018; (ii) SHC Promotions LLC (9626) filed on October 22, 2018; and (iii) SRe Holding Corporation (4816) filed on January 7, 2019.



Commencement Date, adjusted for authorized payments under the First Day Orders (as defined below).<sup>3</sup>

4. **Current Values.** The assets and liabilities of each Debtor are listed on the basis of the book value of the asset or liability in the respective Debtor's accounting books and records. Unless otherwise noted, the carrying value on the Debtor's books, rather than the current market value, is reflected in the Schedules and Statements.
5. **Confidentiality.** There may be instances where certain information was not included or redacted due to the nature of an agreement between a Debtor and a third party, concerns about the confidential or commercially sensitive nature of certain information, or to protect the privacy of an individual. The omissions and redactions are limited to only what is necessary to protect the Debtor or a third party and will provide interested parties with sufficient information to discern the nature of the listing.
6. **Consolidated Entity Accounts Payable and Disbursement Systems.** As described in the Cash Management Motion,<sup>4</sup> the Debtors utilize an integrated, centralized cash management system, in the ordinary course of business, to collect, concentrate, and disburse funds generated by their operations (the "**Cash Management System**"). The Debtors maintain a consolidated accounts payable and disbursements system to pay operating and administrative expenses through various disbursement accounts.

In the ordinary course of business, the Debtors maintain business relationships among each other and with certain non-debtor affiliates, which result in intercompany receivables and payables (the "**Intercompany Claims**") arising from intercompany transactions (the "**Intercompany Transactions**"). As set forth more fully in the Cash Management Motion, the primary Intercompany Transactions giving rise to Intercompany Claims are cash receipts activities, disbursement activities, inventory purchases, and expense allocations. Historically, Intercompany Claims are not settled by actual transfers of cash among the Debtors. Instead, the Debtors track all Intercompany Transactions in

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<sup>3</sup> While the Additional Debtors (i) SHC Licensed Business LLC (3718) and (ii) SHC Promotions LLC (9626) filed subsequent to the Initial Debtors' Commencement Date, unless otherwise indicated the information presented in the Schedules and Statements is as of the Initial Debtors' Reporting Date of October 15, 2018. The Debtor SRe Holding Corporation (4816) filed on January 7, 2019 and the information presented in the Schedules and Statements is as of January 5, 2019, which coincides with the timing of this Debtor's fiscal accounting period that is closest to January 7, 2019.

<sup>4</sup> *Motion of Debtors for Authority to (i) Continue Using Existing Cash Management System, Bank Accounts, and Business Forms, (ii) Implement Ordinary Course Changes to Cash Management System, (iii) Continue Intercompany Transactions, and (iv) Provide Administrative Expense Priority for Postpetition Intercompany Claims and Related Relief* (ECF No. 5) (the "**Cash Management Motion**").

their accounting system, which concurrently are recorded on the applicable Debtors' balance sheets.

In addition, as defined and discussed in the Cash Management Motion, the Debtors are party to certain Foreign Affiliate Intercompany Transactions, Warranty Payments and Intellectual Property Intercompany Transactions. Unless otherwise noted, the Debtors have reported the aggregate net intercompany balances among the Debtors and their non-debtor affiliates as assets on Schedule A/B or as liabilities on Schedule E/F, as appropriate.

7. **Accuracy.** Although the Debtors have made reasonable efforts to file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements as is necessary or appropriate. The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable non-bankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling or transferring the claims against or equity interests in the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertake no responsibility to indicate variations from securities laws or for any evaluations of the Debtors based on this financial information or any other information.
8. **Net Book Value of Assets.** In many instances, current market valuations are not maintained by or readily available to the Debtors. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate resources for the Debtors to obtain current market valuations for all assets. As such, wherever possible, unless otherwise indicated, net book values as of the Commencement Date are presented for all assets. When necessary, the Debtors have indicated that the value of certain assets is "Unknown" or "Undetermined." Amounts ultimately realized may vary materially from net book value (or other value so ascribed). Accordingly, the Debtors reserve all rights to amend, supplement, and adjust the asset values set forth in the Schedules and Statements. As applicable, fixed assets and leasehold improvement assets that fully have been depreciated, amortized or impaired, or were expensed for GAAP accounting purposes, have no net book value, and, therefore, are not included in the Schedules and Statements.
9. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated.
10. **Payment of Prepetition Claims Pursuant to First Day Orders.** Shortly after October 15, 2018, the Bankruptcy Court entered orders (collectively, the "**First-Day Orders**"), authorizing, but not directing, the Initial Debtors to, among other things, pay certain prepetition: (i) service fees and charges assessed by the Debtors' banks and debit and credit card companies; (ii) claims of warehousemen and miscellaneous lien claimants; (iii) certain insurance obligations; (iv) obligations to "critical vendors;" (v) customer programs obligations; (vi)

employee wages, salaries, and related items, including, but not limited to, employee benefit programs and independent contractor obligations; (vii) taxes and assessments; and (viii) amounts held in trust or on a consignment basis where the company has collected on behalf of a third party.<sup>5</sup> Where the Schedules and Statements list creditors and set forth the Debtors' scheduled amounts attributable to such claims, such scheduled amounts reflect balances owed as of the Commencement Date. To the extent any adjustments are necessary for any payments made on account of such claims following the commencement of these chapter 11 cases pursuant to the authority granted to the Debtors by the Bankruptcy Court under the First-Day Orders, such adjustments have been included in the Schedules and Statements unless otherwise noted on the applicable Schedule or Statement. The Debtors reserve the right to update the Schedules and Statements to reflect payments made pursuant to the First-Day Orders.

11. **Other Paid Claims.** To the extent the Debtors have reached any postpetition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties, subject to Bankruptcy Court approval. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.
12. **Setoffs.** The Debtors routinely incur certain setoffs from customers and suppliers in the ordinary course of business. Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, customer programs, returns, promotional funding, warranties, refunds, and other disputes between the Debtors and their customers and/or suppliers. These routine setoffs are consistent with the ordinary course of business in the Debtors' industry, and, therefore, can be particularly voluminous, unduly burdensome, and costly for the Debtors to regularly document. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and, as such, are excluded from the Schedules and Statements. Any setoff of a prepetition debt to be applied against the Debtors is subject to the automatic stay and must comply with section 553 of the Bankruptcy Code.
13. **Accounts Receivable.** The accounts receivable information listed on the Schedules includes receivables from the Debtors' customers and are calculated net of any amounts that, as of the Commencement Date, may be owed to such customers in the form of offsets or other price adjustments pursuant to the Debtors' customer program policies and day-to-day operating policies.

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<sup>5</sup> The First Day Orders were later applied to the Additional Debtors by the Bankruptcy Court.

14. **Inventory.** Inventories are valued at the lower of cost or market determined primarily using the retail inventory method. For certain of the Debtors that operate as Kmart, their merchandise inventories are valued under the retail inventory method using primarily a first-in, first-out cost flow assumption. For certain of the Debtors that operate as Sears, their merchandise inventories are valued under the retail inventory method using primarily a last-in, first-out cost flow assumption.
15. **Property and Equipment.** Property and equipment (including leasehold improvements) are carried at cost, less accumulated depreciation. Additions and substantial improvements are capitalized and include expenditures that materially extend the useful lives of existing facilities and equipment. Maintenance and repairs that do not materially improve or extend the lives of the respective assets are expensed as incurred. Depreciation expense, which includes depreciation on assets under capital leases, is recorded over the estimated useful lives of the respective assets using the straight-line method for financial statement purposes. The range of lives are generally 20 to 50 years for buildings, 3 to 10 years for furniture, fixtures and equipment, and 3 to 5 years for computer systems and computer equipment. Leasehold improvements are depreciated over the shorter of the associated lease term or the estimated useful life of the asset.

The inventories, property and equipment listed in the Schedules are presented without consideration of any mechanics' or other liens.

16. **Mechanics' & UCC Liens.** Known, filed mechanics' and UCC liens are listed on Schedule D. The inventories, property, plant and equipment listed in these Schedules are presented without consideration of any mechanics' or other liens. To the extent the corresponding Debtor is identified within the filed documents, the liens are identified on that Debtor's Schedule D. Those documents that do not identify a specific debtor are listed on Schedule D for Sears Holdings.
17. **Excluded Assets and Liabilities.** Certain liabilities resulting from accruals, liabilities recognized in accordance with GAAP and/or estimates of long-term liabilities either are not payable at this time or have not yet been reported. Therefore, they do not represent specific claims as of the Commencement Date and are not otherwise set forth in the Schedules. Additionally, certain deferred assets, charges, accounts or reserves recorded for GAAP reporting purposes only and certain assets with a net book value of zero are not included in the Schedules. Excluded categories of assets and liabilities include, but are not limited to, deferred tax assets and liabilities, deferred income, deferred charges, self-insurance reserves, closed store and warehouse reserves, accrued occupancy related costs for open stores, deferred real estate income, favorable lease rights and unfavorable lease liabilities. Other immaterial assets and liabilities may have been excluded.

In the ordinary course of business, the Debtors maintain a customer loyalty reward program that entitles customers to receive certain benefits based on the amount they spend with the Debtors and certain partners (the “**Shop Your Way Program**”). As of the Commencement Date, there were approximately 144 million customers enrolled in the Shop Your Way Program. The Debtors received approval under the *Order Authorizing Debtors to (i) Maintain and Administer Prepetition Customer Programs, Promotions, and Practices, and (ii) Pay and Honor Related Prepetition Obligations* (ECF No. 135) (the “**Customer Programs Order**”) to continue to honor Shop Your Way program benefits and obligations. Due to the Debtors’ concern for their customers’ privacy, and because it would be unduly burdensome and costly, the Debtors have not provided this customer list in their response to Schedule A/B Part 10. The Debtors’ customer list associated with the Shop Your Way Program is not representative of the customer lists generally identified in the Schedules.

The Debtors also support a number of other customer programs such as the ability for customers to purchase gift cards from the Debtors’ stores to be redeemed later for merchandise, offers to customers for markdowns, deals, blue light specials and other offers, and may honor both their own and third-party coupons for discounts on merchandise. The Debtors have received approval under the Customer Programs Order to continue to honor these program benefits.

The Debtors offer their customers an opportunity to purchase protection agreements (“**PAs**”) or extended warranties under a number of different in-house programs that cover the repair or replacement cost of a product, including, but not limited to, home appliances, tools, jewelry, tires, electronics, lawn mowers and certain heating, ventilation, and air-conditioning products. The Debtors offer service plans for these various products (retail and aftermarket) at different protection levels known as “Master Protection Agreements.” There are millions of customers enrolled in these various PAs. The Debtors received approval under the Customer Programs Order to continue to honor these agreements.

18. **Debtors’ Reservation of Rights.** Nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of rights with respect to these chapter 11 cases, including, but not limited to, the following:
- a. Any failure to designate a claim listed on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such amount is not “disputed,” “contingent,” or “unliquidated.” The Debtors reserve the right to dispute and to assert setoff rights, counterclaims, and defenses to any claim reflected on its Schedules as to amount, liability, and classification, and to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.”
  - b. The description of an amount as “unknown” or “undetermined” is not intended to reflect upon the materiality of such amount.

- c. The listing of a claim (i) on Schedule D as “secured,” (ii) on Schedule E/F as either “priority,” or “unsecured priority,” or (iii) listing a contract or lease on Schedule G as “executory” or “unexpired” does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such claim or contract pursuant to a schedule amendment, claim objection or otherwise. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors’ assets in which such creditors may have a security interest has been undertaken. Except as provided in an order of the Court, the Debtors reserve all rights to dispute and challenge the secured nature or amount of any such creditor’s claims or the characterization of the structure of any transaction, or any document or instrument related to such creditor’s claim. Listing a claim does not constitute an admission of liability by the Debtors, and the Debtors reserve the right to amend the Schedules accordingly.
- d. In the ordinary course of their business, the Debtors may lease equipment from certain third-party lessors for use in the daily operation of its business. Any such leases are set forth in Schedule G and any current amount due under such leases that were outstanding as of the Commencement Date is listed on Schedule E/F. The property subject to any of such leases is not reflected in Schedule A/B as either owned property or assets of the Debtor nor is such property reflected in the Debtor’s Statement of Financial Affairs as property or assets of third parties within the control of the Debtor. Nothing in the Statements or Schedules is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect to any of such issues, including, but not limited to, the recharacterization thereof.
- e. The claims of individual creditors for, among other things, goods, products, services or taxes are listed as the amounts entered on the Debtors’ books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard to such credits, allowances and other adjustments, including, but not limited to the right to assert claims objections and/or setoffs with respect to the same.
- f. The Debtors’ businesses are part of a complex enterprise. Although the Debtors have exercised their reasonable efforts to ensure the accuracy of their Schedules and Statements, they nevertheless may contain errors and omissions. The Debtors hereby reserve all of their rights to dispute the validity, status, and enforceability of any contracts, agreements, and leases set forth on the Schedules and Statements, and to amend and supplement the Schedules and Statements as necessary.

- g. The Debtors further reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules and Statements, including, but not limited to, the right to dispute and challenge the characterization or the structure of any transaction, document, and instrument related to a creditor's claim.
- h. The Debtors exercised their reasonable efforts to locate and identify guarantees and other secondary liability claims (the "**Guarantees**") in their executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. However, a review of these agreements, specifically the Debtors' unexpired leases and executory contracts, is ongoing. Where such Guarantees have been identified, they are included in the relevant Schedules and Statements. Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements inadvertently may have been omitted. Thus, the Debtors reserve their rights to amend and supplement the Schedules and Statements to the extent that additional Guarantees are identified. In addition, the Debtors reserve the right to amend the Schedules and Statements to re-characterize and reclassify any such contract or claim. The Debtors have reflected the obligations under the Guarantees for both the primary obligor and the guarantors with respect to their secured financings and debt instruments on Schedule H. Guarantees with respect to the Debtors' executory contracts and unexpired leases are not included on Schedule H and the Debtors believe that certain Guarantees embedded in the Debtors' executory contracts, unexpired leases, other secured financing, debt instruments and similar agreements may exist and, to the extent they do, will be identified upon further review.
- i. Listing a contract or lease on the Schedules and Statements shall not be deemed an admission that such contract is an executory contract, such lease is an unexpired lease, or that either necessarily is a binding, valid, and enforceable contract. The Debtors hereby expressly reserve the right to assert that any contract listed on the Schedules and Statements does not constitute an executory contract within the meaning of section 365 of the Bankruptcy Code, as well as the right to assert that any lease so listed does not constitute an unexpired lease within the meaning of section 365 of the Bankruptcy Code.
- j. To timely close the books and records of the Debtors as of the Commencement Date and to prepare such information on a legal entity basis, the Debtors were required to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and reported revenue and expenses as of the Commencement Date. The Debtors reserve all rights to amend the reported amounts of assets, liabilities, reported revenue and expenses to reflect changes in those estimates and assumptions.

19. **Global Notes Control.** In the event that the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

**Specific Notes with Respect to the Debtors' Schedules of Assets and Liabilities**

1. **Schedule-Specific Disclosures.** Each of Schedules A/B, D, E/F, G and H contain explanatory or qualifying notes that pertain to the information provided in the Schedules. Those Schedule-specific notes are incorporated herein by reference. The asset totals listed on the Schedules represent all known amounts included in the Debtors' books and records as of the Commencement Date. To the extent there are unknown or undetermined amounts, the actual total may be different from the total listed.

2. **Schedules A/B**

- a. **Part 1.** Details with respect to the Debtors' cash management system are provided in the Cash Management Motion.

The Debtors are in possession of certain monies related to tenant or subtenant deposits where the Debtors are the lessor. These monies are not segregated in separate accounts and have been reported in the Debtors' cash balances. The Debtors believe that these amounts aggregate to less than \$600,000.

The restricted cash balance (\$281.9 million) at Debtor Sears Holdings Corporation represents amounts in an escrow account held for the benefit of PBGC. This restricted cash was disbursed to the PBGC in November 2018.

**Part 2.** The amounts listed in Part 2 for each Debtor are listed in accordance with the Debtors' books and records. These amounts do not necessarily reflect assets the Debtors will be able to collect or realize.

The Debtors have numerous deposits with utility companies serving certain geographies with multiple facilities. It has been the Debtors' practice to largely account for these deposits on an operational, rather than on a store location and corresponding legal entity basis, which has resulted in utility deposits being primarily recorded on the balance sheets of debtors Kmart Corporation and Sears, Roebuck and Co. The carrying value of the deposits, as reflected in each Debtors' records, are listed in Part 2.

The Debtors also maintain deposits to satisfy certain statutory requirements related to PAs, and sales tax requirements for the franchise business. These deposits are included in the Schedules for the appropriate legal entity as either collateral or miscellaneous deposits.

Prepaid expenses primarily consist of cash in advance amounts paid to numerous vendors and suppliers for the purchase of inventory items. These advances were generally made on an operational basis for a vendor in the total amount for the Debtors, rather than by invoice or individual legal entity. The excess advances



above payables have been reclassified as prepaid inventory or prepaid miscellaneous expenses and are subject to reconciliation. The remaining prepaid expenses primarily relate to prepaid advertising, insurance, rent and data processing expenses. It has been the Debtors' practice to largely account for these advances on an operational, rather than a corresponding legal entity basis, which has resulted in the advances being primarily recorded on the balance sheets of Debtors: Sears, Roebuck and Co.; Sears Holdings Management Corporation; Kmart Operations LLC; Sears Operations LLC; and Sears Holdings Corporation.

- b. **Part 3.** The Debtors performed an analysis to estimate their accounts receivable aging on a legal entity basis. This analysis was performed using accounts receivable data as of October 6, 2018, which coincides with the timing of the Debtors' fiscal accounting period that is closest to the Commencement Date. The October 6, 2018 information was utilized to estimate the aging as the level of detail required to perform this estimation was not available as of the Commencement Date.
- c. **Part 4.** Any of the Debtors' ownership interests in subsidiaries, partnerships, and joint ventures are listed in Schedule A/B, Part 4, as undetermined amounts, because the fair market value of such interests is dependent on numerous variables and factors and may differ significantly from the net book value.

Membership or equity interests held by each of the Debtors in the other Debtor entities are contained in the Debtors' corporate ownership interest statements, which were filed in the Debtors' chapter 11 cases (collectively,<sup>6</sup> and as may be amended and supplemented, the "**Corporate Ownership Statements**"), and are hereby incorporated into Schedule A/B, Part 4, by reference. Consequently, such interests are not listed again in these Schedules.

- d. **Part 5.** Amounts presented in the Schedules exclude any amounts of inventory on consignment. Amounts presented as inventory receipts within twenty days of filing have not been reduced to reflect inventory received under cash in advance payment or payments made post-petition under certain First-Day Orders. The amounts listed in this Part 5 should not be interpreted as an estimate of outstanding 11 U.S.C. § 503(b)(9) balances.
- e. **Part 8.** Actual realizable values of the identified leased or owned vehicles, machinery, fixtures and equipment may vary significantly relative to net book values as of the Commencement Date.

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<sup>6</sup> The Initial Debtors' Consolidated Corporate Ownership Statement can be found at ECF No. 2. Debtors SHC Licensed Business LLC, SHC Promotions LLC, and SRe Holding Corporation commenced voluntary cases under chapter 11 of the Bankruptcy Code October 18, 2018, October 22, 2018, and January 7, 2019 respectively, and are jointly administered with the Debtors for procedural purposes only pursuant to Rule 1015(b) of the Bankruptcy Rules. For ownership information pertaining to these three subsidiary legal entities, please refer to ECF No. 2 under Case No. 18-23616, ECF No. 2 under Case No. 18-23630, and ECF No. 2 under Case No. 19-22031 for SHC Licensed Business LLC, SHC Promotions LLC, and SRe Holding Corporation, respectively.

- f. **Part 9.** The values listed for the real property owned and leased by the Debtors are the net book values of the various asset components (land, buildings, leasehold improvements, capital lease assets, etc.) as recorded on the fixed asset register for each applicable Debtor. A listing of each real property (primarily store locations) owned by each of the Debtors is contained in a Rider to Schedule A/B for each applicable Debtor. The Debtors have not included the net book value of each Debtor's interest in each owned or leased property as its fixed asset records are maintained on an operational rather than on a store location and corresponding legal entity basis.

Due to the complexity of certain of the Debtors' leasing and real estate transactions, the Debtors may have inadvertently listed certain properties as real property assets in Part 9 when such properties are in fact properties that are subject of certain of the executory contracts and unexpired leases reported on Schedule G. The Debtors reserve all rights to re-characterize their interests in real property at a later date. Further, due to the volume of the Debtors' real and personal property holdings, the Debtors may have listed certain assets as real property assets when such holdings are in fact in the nature of personal property holdings. Debtors may also have listed certain assets as personal property assets when such holdings are in fact real property holdings. The Debtors are continuing to review all relevant documents and expressly reserve their right to amend, re-categorize and/or re-characterize such asset holdings at a later time to the extent the Debtors determine such holdings were improperly listed.

- g. **Part 10.** Part 10 identifies the Debtors' patents, copyrights, trademarks and trade secrets. The values presented in Part 10 reflect the net book value, to the extent that such value is reflected in the Debtors' books and records. A number of the trademarks are registered in multiple countries, including the United States.

Part 10 also includes a best effort listing of the Debtors' registered internet domains and websites. The act of not listing any specific domain or website is not a relinquishing of ownership. The values presented in this Schedule reflect the net book value, to the extent that such value is reflected in the Debtors' books and records.

- h. **Part 11.** In Part 11, dollar amounts are presented net of impairments and other adjustments.

- i. ***Tax refunds and unused net operating losses (NOLs).*** The Debtors have significant net operating loss carryforwards and tax credits. The timing and use of such credits cannot be determined at this time. As a result, the current value is stated as "Undetermined" in Part 11. The use of the word "Undetermined" does not reflect the potential materiality of deferred value. See also response to SOFA 31, "Consolidated Tax Group" for additional information with respect to Limited Liability Companies.

- ii. ***Interests in Insurance Policies or Annuities.*** The Debtors maintain a portfolio of insurance policies against unforeseen incidents and losses. There has been no assessment of the cash surrender value, if any, of such policies, to date. Accordingly, the values ascribed to such policies are reported as Undetermined.
- iii. ***Other contingent and unliquidated claims or causes of action of every nature.*** In the ordinary course of business, the Debtors may have accrued, or may subsequently accrue, certain rights to counterclaims, cross-claims, setoffs, refunds with their customers and suppliers, and potential warranty claims against their suppliers, among other claims. Additionally, certain of the Debtors may be party to pending litigation in which the Debtors have asserted, or may assert, claims as plaintiffs, or counter-claims and/or cross-claims as defendants.

Despite their reasonable efforts to identify all such assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have and neither these Global Notes nor the Schedules shall be deemed a waiver of any such claims, causes of action, or avoidance actions or in any way prejudice or impair the assertion of such claims.

- iv. ***Other property of any kind not already listed.*** As discussed in the Cash Management Motion, in the ordinary course of business, the Debtors maintain business relationships with each other and with their non-Debtor affiliates. Such intercompany transactions among entities result in intercompany receivables and payables (the “**Intercompany Claims**”). The Debtors have reported for each Debtor, the aggregate net intercompany balances among the Debtors and their non-debtor affiliates as assets on Schedule A/B or as liabilities on Schedule E/F, as appropriate.

The intercompany receivable values reported in Schedule A/B reflect the net intercompany receivables for a particular Debtor entity from all other Debtor and non-Debtor affiliates. Similarly, the intercompany payable values reported in Schedule E/F reflect the net intercompany payable balances from a particular Debtor to all other Debtor and non-Debtor affiliates.

- 3. **Schedule D.** To the best of the Debtors’ knowledge, all claims listed on Schedule D arose, or were incurred, before the Commencement Date.

Except as otherwise agreed pursuant to a stipulation, agreed order or general order entered by the Bankruptcy Court that is or becomes final, the Debtors and/or their estates

reserve their right to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D of any Debtor. The Debtors scheduled claims of certain creditors as secured claims for informational purposes only, and no current valuation of the Debtors' assets in which such creditors may have a lien has been undertaken. The Debtors have included on Schedule D the results of UCC searches performed prior to the Commencement Date. However, the listing of such results shall not be deemed an admission as to the validity or existence of any lien. The Debtors reserve all rights to dispute or challenge the secured nature of any creditor's claim or the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

The Debtors scheduled guarantee obligations under loan documents in Schedules D and E/F, as applicable, as contingent and unliquidated obligations, in undetermined amounts.

Any changes to the status of any liens or security rights since the Commencement Date may not be adequately reflected in Schedule D. Therefore, the Debtors may have listed claims with secured status that have changed, or failed to list certain parties whose claims may be secured through rights of setoff, deposits or advance payments posted by, or on behalf of, the Debtors, or judgment or statutory lien rights on Schedule D.

Certain claims listed on Schedule D may be subject to setoff rights. The Debtors have not investigated which of the claims may include such rights, and their population is currently unknown.

To the extent the agreements governing certain security relationships have been listed elsewhere in the Schedules for the applicable Debtors, they have not been listed on Schedule D. The descriptions provided in Schedule D are intended only to be a summary, and the amounts due reflect principal amounts due as of the Commencement Date. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Detailed descriptions of the Debtors' pre-petition debt structure, guarantees and descriptions of collateral relating to each debt contained on Schedule D are contained in the *Declaration of Robert A. Riecker Pursuant to Rule 1007-2 of Local Bankruptcy Rules for Southern District of New York* (ECF No. 3) (the "**CFO Declaration**"). In addition, the naming conventions used to describe the debt in Schedule D and, as applicable, Schedule E/F is consistent with the defined terms in the CFO Declaration.

#### **4. Schedule E/F.**

- a. Part 1.** The Debtors have not listed any tax, wage or wage-related obligations that the Debtors were granted authority to pay pursuant to First-Day Orders on Schedule E/F. The Debtors believe that all such claims for wages, salaries, expenses, benefits and other compensation as described in the First-Day Orders have been or will be satisfied in the ordinary course during these chapter 11 cases pursuant to the authority granted to the Debtors in the relevant First Day Orders. Unpaid amounts for severed employees have not been analyzed to determine

whether such amounts should be viewed as priority claims. In addition, for severed employees, there has been no analysis of whether any unpaid amounts exceed the priority claim limit or whether there should be a bifurcation of amounts owed between priority and nonpriority unsecured amounts. Accordingly, such claims are listed in Part 1 of Schedule E/F, and these Schedules identify the amount that may be subject to priority and the amount that may be nonpriority as Undetermined in both parts. The Debtors reserve their right to dispute or challenge whether creditors listed on Schedule E/F are entitled to priority claims.

Claims owing to various taxing and regulatory authorities to which the Debtors may potentially be liable are included on the Debtors' Schedule E/F. Certain of such claims, however, may be subject to on-going audits and/or the Debtors are otherwise unable to determine with certainty the amount of the remaining claims listed on Schedule E/F. Therefore, the Debtors have listed all such claims as undetermined, pending final resolution of on-going audits or other outstanding issues.

- b. Part 2.** The Debtors have attempted to relate all liabilities to each applicable Debtor. As a result of the Debtors' large and complex operations, however, Schedule E/F for each Debtor should be reviewed in these cases for a complete understanding of the unsecured claims against the Debtors. Certain creditors listed on Schedule E/F may owe amounts to the Debtors and, as such, may have valid setoff and recoupment rights with respect to such amounts. The Debtors have not investigated which of the claims may include such rights, and their population is currently unknown. Therefore, the Debtors did not indicate such potential set off rights. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted. Additionally, certain creditors may assert mechanics', materialsmen's, or other similar liens against the Debtors for amounts listed on Schedule E/F, with respect to which the Debtors reserve all rights. For certain vendors for which the claim amount may not be subject to offset, the Schedule reflect amounts which have been separately reclassified to either prepaid inventory or prepaid expense, as appropriate. Such prepaid amounts are reflected in Schedule A/B.

The Debtors reserve their right to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be perfected by a creditor listed on Schedule E/F of any Debtor. In addition, the Debtors reserve their right to dispute or challenge any priority asserted with respect to any liabilities listed on Schedule E/F. The Debtors have made reasonable efforts to include all trade creditors on Schedule E/F. However, the Debtors believe there are instances where vendors have yet to provide proper invoices for prepetition goods or services. While the Debtors maintain general accruals to account for these liabilities in accordance with GAAP, these amounts are estimates and therefore have not been included on Schedule E/F.

The Debtors' accounting system tracks vendors by vendor number. Because many vendors conduct business at several of the Debtors' locations and with multiple Debtors, and the Debtors may do business at multiple vendor locations, there are instances where the same vendor has multiple vendor numbers. For purposes of Schedule E/F, the Debtors have attempted to aggregate all claims of such vendors with multiple vendor numbers, by Debtor. However, instances may exist where not all such claims have been identified and the Debtors may have separately listed potentially duplicative claims of such vendors under multiple vendor numbers.

Unless otherwise noted, the claims listed on Schedule E/F are based on the Debtors' books and records as of the Commencement Date. Payments may have been made to certain vendors under applicable First Day Orders. To the extent that any such payments have been made, the amounts paid have been applied to reduce the amount of the claim. If the application of payments made by the Debtors (i) pursuant to a First Day Order, (ii) a cash in advance payment made prior to the Commencement Date, or (iii) relate to other payments to vendors and result in an over-advance, such payments have been listed as a prepaid expenses and included in Schedule A/B Part 2.

Schedule E/F also contains information regarding pending litigation involving the Debtors. In certain instances, the identity of each Debtor that is the subject of the litigation is unclear or undetermined. However, to the extent that litigation involving a particular Debtor has been identified, such information is contained in Schedule E/F for that Debtor. The amounts for these potential claims are listed as undetermined and marked as contingent, unliquidated and disputed in this Schedule. The Debtors have excluded workers' compensation claims from the Statements because the Debtors continue to honor their workers' compensation obligations in the ordinary course in accordance with the *Final Order Authorizing Debtors to (i) Continue, Maintain, and Renew Their Insurance Policies and Workers' Compensation Programs; (ii) Honor All Obligations with Respect Thereto; and (iii) Modify the Automatic Stay With Respect to the Worker's Compensation Programs* (ECF No. 792), entered on November 16, 2018.

The Debtors sell gift cards to customers in the normal course of business. The gift cards can be applied by customers toward purchases of groceries in the Debtors' stores. Due to the volume and frequency of gift card sales, the Debtors are not able to identify (i) all of the individual gift card holders, and (ii) the unredeemed value remaining on the individual gift cards. Accordingly, unredeemed gift card claims have not been included in Schedule E/F.

Schedule E/F includes the aggregate net intercompany payable amounts that may or may not result in allowed or enforceable claims by or against a given Debtor. Listing these payables is not an admission on the part of the Debtors that the intercompany claims are enforceable or collectible. The intercompany payables may be subject to set off, recoupment, netting or other adjustments made pursuant to intercompany policies and arrangements not reflected in the Schedules.

- 5. Schedule G.** Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively the “**Agreements**”), review is ongoing and inadvertent errors, omissions or over-inclusion may have occurred. The Debtors may have entered into certain types of Agreements in the ordinary course of their businesses, such as indemnity agreements, non-executory supplemental agreements, amendments/letter agreements, and confidentiality agreements, which may not be set forth in Schedule G. In addition, as described herein, certain confidential information has been omitted from Schedule G.

The Debtors have entered into numerous Universal Terms and Conditions (“**UTC**”) arrangements with vendors. For vendors with whom there was at least one open purchase order at the Commencement Date, the Debtors have included such purchase order in Schedule G. The Debtors have not listed all such short-term purchase and sales orders because of their large number and transitory nature. Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. Schedule G may be amended at any time to add any omitted Agreements. Likewise, the listing of an Agreement on Schedule G does not constitute an admission that such Agreement is an executory contract or unexpired lease or that such Agreement was in effect on the Commencement Date or is valid or enforceable. The Agreements listed on Schedule G may have expired or may have been renewed, modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments and agreements, which may not be listed on Schedule G. Executory agreements that are oral in nature have not been included in Schedule G.

Any and all of the Debtors’ rights, claims and causes of action with respect to the Agreements listed on Schedule G are hereby reserved and preserved, including, but not limited to, the Debtors’ rights to (i) dispute the validity, status, or enforceability of any Agreements set forth on Schedule G, (ii) dispute or challenge the characterization of the structure of any transaction, or any document or instrument related to a creditor’s claim, including, but not limited to, the Agreements listed on Schedule G and (iii) to amend or supplement Schedule G as necessary.

Certain of the Agreements listed on Schedule G may have been entered into by or on behalf of more than one of the Debtors. Each Agreement is included on Schedule G of every named Debtor party. In certain circumstances, the specific Debtor obligor(s) to certain of the Agreements could not be specifically identified. In such cases, the Debtors have made reasonable efforts to identify the correct Debtor’s Schedule G on which to list the agreement. .

- 6. Schedule H.** The Debtors are party to various debt agreements which were executed by multiple Debtors. The guaranty obligations under prepetition secured credit agreements are noted on Schedule H for each individual Debtor. In the ordinary course of their businesses, the Debtors are involved in pending or threatened litigation and claims arising out of the conduct of their businesses. Some of these matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against the other parties. To the extent such claims are listed elsewhere in the

Schedules of the applicable Debtors, they have not been set forth on Schedule H. Further, the Debtors may not have identified certain guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements to the extent that such agreements are listed elsewhere in the Schedules of the applicable Debtors. In the event that two or more Debtors are co-obligors with respect to a scheduled debt or guaranty, such debt or guaranty is listed in the Schedules and Statements of each such Debtor at the full amount of such potential claim, and such claim is marked "contingent" and "unliquidated." No claim set forth on the Schedules and Statements of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other Debtors or non-Debtors. To the extent there are guarantees connected with any joint ventures to which the Debtor may be a party, such agreements are not identified in the Debtors' Schedules.

**Specific Notes with Respect to the Debtors' Statements of Financial Affairs**

1. **SOFA 1 and SOFA 2.** The presentation of amounts in the Debtors' responses to SOFA 1 and 2 are consistent with the classification of such amounts in the statements of operations, as disclosed in compliance with GAAP.

The Debtors operate on a 4-4-5 retail calendar, dividing the year into four (4) quarters. Each quarter has 13 weeks, which are grouped into two (2) four-week "months" and one (1) five-week "month." The Debtors' fiscal year ends on the Saturday closest to January 31 and consists of 52 weeks or, as is the case with fiscal year 2017, 53 weeks.

- FY 2016: Comprised of 52 weeks ending January 28, 2017.
- FY 2017: Comprised of 53 weeks ending February 3, 2018.
- FY 2018: Comprised of 52 weeks ending February 2, 2019.

2. **SOFA 3.** As described and defined in the Cash Management Motion, the Debtors utilize an integrated, centralized Cash Management System, in the ordinary course of business, to collect, concentrate and disburse funds generated by their operations. The Debtors maintain a consolidated accounts payable and disbursements system to pay operating and administrative expenses through various disbursement accounts. The obligations of the Debtors are primarily paid by and through Sears, Roebuck and Co. or Kmart Corporation, notwithstanding that certain obligations may be obligations of one or more of the Debtors consistent with the Cash Management Motion.

Payment data was extracted from multiple financial systems across the Debtors' organization. In instances where the payment system did not discern which Debtor the payment pertained to, such transactions were assigned to Sears, Roebuck and Co. The payments disclosed in SOFA 3 are based on payments made by the Debtors with payment dates from July 17, 2018 to October 15, 2018.



Amounts still owed to creditors will appear on the Schedules of Assets and Liabilities for each of the Debtors, as applicable.

The Debtor entities utilizes Automatic Data Processing, Inc. (“ADP”) to process employee compensation and the related jurisdiction taxes associated with compensation payouts. The Debtors make bulk payments which include employee compensation, associated jurisdiction taxes, as well as the service fee ADP would charge for its related services. The various payments systems aren’t able to bifurcate the portion related to employee compensation, therefore, amounts listed in response to SOFA 3 represent the total batch payments.

3. **SOFA 4.** For purposes of the Schedules and Statements, the Debtors define insiders as individuals that, based upon the totality of circumstances, (i) have a controlling interest in, or exercise sufficient control over the respective Debtor so as to unqualifiably dictate corporate policy and the disposition of assets, and/or (ii) are or were listed as participants in the Debtors’ key employee incentive plan as approved by the KEIP Order.<sup>7</sup>

Individuals listed in the Statements as insiders have been included for informational purposes only. The Debtors do not take any position with respect to (i) such individual’s influence over the control of the Debtors; (ii) the management responsibilities or functions of such individual; (iii) the decision-making or corporate authority of such individual; or (iv) whether such individual could successfully argue that he or she is not an insider under applicable law, including, without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose. As such, the Debtors reserve all rights to dispute whether someone identified is in fact an “insider” as defined in section 101(31) of the Bankruptcy Code. For more information regarding each Debtor’s officers and directors, please see SOFA 28 and SOFA 29.

Payments to insiders that have a specific related party interest include M-III Partners LLC (“M-III”). M-III pays insider Chief Restructuring Officer Moshin Meghji, and therefore payments to M-III may indirectly benefit Mr. Meghji. Such payments have been listed in the response to SOFA 11.

The payroll-related amounts shown in response to this question for any salary, bonus or additional compensation, and/or severance payments are net amounts that include reductions for amounts including employee tax and benefit withholdings.

4. **SOFA 5.** The operating Debtors occasionally return damaged, unsatisfactory, or out-of-specification goods to vendors in the ordinary course of business. Other

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<sup>7</sup> Order (I) Approving Debtors’ Incentive and Retention Programs for Certain Key Employees and (II) Granting Related Relief (ECF No. 1437) (the “KEIP Order”).

than ordinary course items, the Debtors are not aware of any property that has been returned to the seller.

5. **SOFA 6.** The Debtors accept payment in their various locations and on their website in the form of credit cards. As a result of the relationship with the credit card processing companies, the Debtors are involved in setoff transactions on a continuous basis. Specifically, other than the setoffs noted in SOFA 6, the Debtors maintain reserves with both First Data Corporation (“**First Data**”) and American Express Co. (“**American Express**”). First Data and American Express are not owed any amounts because all amounts that are due and payable are offset against amounts that First Data and American Express owe the Debtors in the normal course of settlement. While this is similar in effect to a set-off, it does not meet the legal criteria for set-off because the amounts never became unpaid. Additionally, First Data and American Express have a contractual right to withhold from the settlements amounts due to them. If the net amount due to the Debtors is greater than zero, there is no need for either American Express or First Data to exercise a set-off against the reserve, so the reserve will continue to be in place. If First Data continues to process gift-card transactions and the Debtors continue to accept American Express credit cards for payment, the Company expects that net amounts due to the Debtors to exceed zero. Further, the Debtors’ relationships with their vendors require setoffs on regular cycles. Documentation of these setoff transactions for the 90 days prior to the Commencement Date would be onerous and unwieldy. Consequently, the Debtors have not listed these ordinary course setoffs in SOFA 6.

In the ordinary course of business, the Debtors receive benefits from their trade vendors including, but not limited to, rebates, promotional allowances, dividends, and contractual sharing of profits and discounts. These Debtor receivables are typically settled with the Debtors setting off the receivables against payments to the vendors. In some instances, the amounts are settled in cash. Given the frequency of these transactions, and the burden created in attempting to isolate them from normal course payments, the Debtors have not listed these ordinary course setoffs in SOFA 6.

The operating Debtors engage in certain customer programs, including return and refund programs pursuant to which customers may receive credits. Such transactions were not considered setoffs for the purpose of responding to SOFA 6, although the Debtors reserve all rights with respect thereto and make no admission of waiver thereby.

6. **SOFA 7.** The actions described in response to SOFA 7 are the responsive proceedings or pending proceedings of which the Debtors are aware. The actions described in SOFA 7 include, but are not limited to, commercial litigation, personal injury lawsuits, customer credit cases, workers’ compensation claims, environmental-related proceedings, potential violations under the Equal Employment Opportunity Commission, potential violations under the

Occupational Safety & Health Administration, as well as investigations under state and federal law.

The Debtors have devoted substantial resources to identify and provide as much information for as many proceedings as possible in response to SOFA 7 using records that were reasonably accessible and reviewable. While the Debtors believe they were diligent in their efforts, information the Debtors were unable to locate for proceedings that were listed was left blank.

The Debtors reserve all of their rights and defenses with respect to all listed lawsuits and administrative proceedings. The listing of any such suits and proceedings shall not constitute an admission by the Debtors of any liabilities or that the actions or proceedings were correctly filed against the Debtors or any affiliates of the Debtors. The Debtors also reserve their rights to assert that neither the Debtors nor any affiliate of the Debtors is an appropriate party to such actions or proceedings. Further, the Debtors own property in numerous jurisdictions and in the ordinary course of business have disputed property valuations/tax assessments. The Debtors have not listed such disputes on SOFA 7.

7. **SOFA 9.** The donations and/or charitable contributions listed in response to SOFA 9 represent payments made to third parties during the applicable timeframe that were recorded as such within the Debtors' books and records. The Debtors may occasionally have excess prepaid materials related to customized projects at the end of a projects life cycle that they may give away to local charitable organization, rather than holding potential obsolete inventory. These materials are given away without being recorded as such within the Debtor's book of record, however, the purchase price of material is allocated to its respective project cost.

In addition to the charitable contributions and gifts listed, the Debtors assist local communities by participating in a number of different programs, which include disaster relief, discounted merchandise for the disadvantaged, sporting equipment for local youth athletic teams, and gift cards to support local programs. These contributions are often made at the discretion of store managers who have authority to make such donations, which are non-cash in nature. The Debtors track some of these contributions, but given the ad-hoc frequency and nature of these transactions, often do not track certain information such as the recipient counterparties. Tracking down such information would be burdensome given that these contributions are made at the store level and therefore are not included in the list of charitable contributions and gifts identified. The Debtors are also affiliated with the Sears-Roebuck Foundation, a 501(c)(3) non-profit organization founded in 1959. The Sears-Roebuck Foundation is a not a Debtor and therefore, its charitable contributions are also excluded from the list.

Further, as described in the *Motion of Debtors for Authority to (I) Maintain Certain Trust Fund Programs, (II) Release Certain Funds Held in Trust, and (III)*

*Continue to Perform and Honor Related Obligations* (ECF No. 15) (the “**Trust Funds Motion**”), in the ordinary course of business, the Debtors collect charitable contributions from customers through cash and credit card contributions at store checkout points. These customer contributions are not property of the Debtors’ estates and are passed through to the applicable charitable organizations. The transfer of funds associated with these charitable programs have not been disclosed in SOFA 9 as they do not reflect donations or charitable contributions of property of the Debtors’ estate.

8. **SOFA 10.** The Debtor did not incur any losses within the year prior to the Commencement Date with respect to fire, theft, or other casualty that exceeded its insurance deductibles. The losses listed may exclude those incurred in the ordinary course of business. Amounts listed may include the value of property or estimated claim amounts for, among other things, shrinkage and damage.

Given the scale of the Debtors’ store footprint, certain losses cannot be tracked by the Debtors with complete accuracy and, accordingly, such losses are listed on the Debtors’ Statements based on general ledger accounts that capture items such as theft, inventory shrink, and property damage. Additionally, the Debtors only account for general recoveries of such losses, with this general amount being the recovery listed in the Statements for the one year immediately prior to the Petition Date.

9. **SOFA 11.** All payments for services of any entities that provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Commencement Date were made by Sears Holdings and are, therefore, listed on that Debtor’s response to SOFA 11. Additional information regarding the Debtors’ retention of professional service firms is more fully described in individual retention applications and related orders.

In addition, the Debtors have listed payments made to professionals retained by the Debtors but not payments made to advisors of their post-petition lenders or other parties on account of any applicable fee arrangements.

10. **SOFA 13.** The Debtors may, from time to time and in the ordinary course of business, transfer equipment and other assets and/or sell certain equipment and other assets to third parties. These types of ordinary course transfers have not been disclosed in SOFA 13.

To the extent that the Debtors vacated store locations during the three years immediately preceding the Commencement Date, information on these former store locations is contained in the Debtors’ response to SOFA 14. As part of the store closure process, the Debtors may sell equipment, hardware and other assets with value to interested parties such as the landlord and/or third party liquidators. The Debtors may also abandon assets in place at the locations for which they have

no future use or have been unable to sell to a third party. Certain *de minimis* transfers of assets resulting from such actions may not have been captured in the Debtors' response to SOFA 13.

11. **SOFA 14.** The Debtors operate locations both domestically and internationally. The Debtors have included a listing of all current and previous addresses owned or leased by the Debtor. In select instances, the dates of occupancy for certain retail addresses was not readily available. For these instances, the applicable dates are listed as "Unknown."
12. **SOFA 16.** In the ordinary course of business, the Debtors collect certain personally identifiable information ("PII"), including, but not limited to, their customers' names, home address, and email addresses. A list of categories of collected PII is included in the response to SOFA 16. The Debtors also maintain prescription-related information on their pharmacy customers. All pharmacy records are kept and maintained in accordance with the privacy and confidentiality requirements mandated by Federal and state law. The Debtors' privacy policy for pharmacy records is available at all of their pharmacy locations.
13. **SOFA 20.** The Debtors utilize Iron Mountain Storage Facilities ("**Iron Mountain**") to retain records. Iron Mountain has various store locations across the United States. The Debtors do not maintain specific Iron Mountain addresses and thus have not listed them in SOFA 20. The Debtors own and operate their distribution centers. Accordingly, the distribution centers do not constitute off-premise storage for purposes of this response.

In addition, the Debtors have not disclosed in response to SOFA 20 (i) inventory for sale being held in the mini-storage units that the Debtors rent from time to time to store excess inventory in the ordinary course of business or (ii) any owned in-transit inventory. The Debtors have determined that the collection of this specific information would be time-consuming and an inefficient use of estate resources. Further, such inventory is accounted for on the Debtors' Schedules. As such this inventory is not included in SOFA 20.

14. **SOFA 21.** In the ordinary course of business, the Debtors' retail locations contain various inventory goods owned by third parties. In addition to regular consignment inventory arrangements, the Debtors may have Scan Based Trading ("**SBT**") agreements with third parties. Goods that fall under SBT agreements are owned by the supplier up until the point of sale. The Debtors do not track the value of the SBT inventory for each supplier and such SBT inventory is held at various retail locations. Additionally, the Debtors may utilize leased property in their ordinary course of business. Therefore, the Debtors may hold property subject to leases listed on the Debtors' Schedule G.

15. **SOFA 22–24.** The Debtors have devoted substantial resources to identify and provide the required information for as many responsive sites and proceedings as possible in response to SOFA 22–24 using records that were reasonably accessible and reviewable. While the Debtors believe they were diligent in their efforts, it is possible that certain of the matters listed on SOFA 22–24 for a particular Debtor may also relate to another Debtor and may have been inadvertently left off such other Debtor’s response to this question. The Debtors have endeavored to disclose all applicable information in response to SOFA 22–24. For ownership of subsidiary legal entities, please refer to the Debtors’ Corporate Ownership Statements, which are incorporated into the Statements by reference herein.

With regard to SOFA 23, the Debtors have listed existing store locations for which environmental remediation actions were in process as of the Commencement Date. The Debtors were in compliance with all remediation requirements as of the Commencement Date.

16. **SOFA 25.** The Debtors have used their reasonable efforts to identify the beginning and ending dates of all businesses in which the Debtors were a partner or owned five percent or more of the voting or equity securities within the six years immediately preceding the Commencement Date. In certain instances, however, the dissolution dates of certain entities that are no longer in existence were not readily available and, therefore, are not included in SOFA 25. All such entities were either merged with other entities owned by the Debtors or were dissolved prior to the Commencement Date. The Debtors have listed non-debtor subsidiaries on the Statement of the Debtor entity (the “**Proximate Parent Debtor**”) that most directly held or otherwise had control over the interests in such non-debtor entities, but not on the Statements of the parent entities of the Proximate Parent Debtor. For the inter-Debtor ownership information, please refer to the Corporate Ownership Statements.
17. **SOFA 26.** Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Debtors have filed with the U.S. Securities and Exchange Commission (the “**SEC**”) reports on Form 8-K, Form 10-Q, and Form 10-K. These SEC filings contain consolidated financial information relating to the Debtors. Additionally, consolidated financial information for the Debtors is posted on the Debtors’ website at [www.sears.com](http://www.sears.com). Because the SEC filings and the website are of public record, the Debtors do not maintain records of the parties that requested or obtained copies of any of the SEC filings from the SEC or the Debtors.

In addition, the Debtors provide certain parties, such as banks, auditors, potential investors, vendors, and financial advisors with financial statements that may not be part of a public filing. The Debtors do not maintain complete lists to track such disclosures and, therefore, have not listed these recipients in SOFA 26.

18. **SOFA 27.** The Debtors inventory product at their various store locations on a continual basis. In an effort to reduce the amount of disclosures that would be otherwise applicable—disclosures that could name in excess of 1,000 store-level managers—the Debtors have provided the regional leads in response to SOFA 27.

In addition, the Debtors perform periodic cycle inventory counts throughout each year and at least one full physical inventory count per year at each individual location. The total values of each count related to “Sears” and “Kmart” retail and distribution center locations are assigned to their parent entities, Sears, Roebuck and Co. and Kmart Holding Corp., respectively.

Additionally, the Debtors inventory product at their various retail and distribution centers on a regular basis. The Debtors have only provided the regional leads in response to SOFA 27.

19. **SOFA 28.** The Debtors have excluded from SOFA 28 shareholders who hold less than five percent (5%) of each Debtor’s voting or equity securities, as is consistent with reporting requirements under SEC Filing 13D. For inter-Debtor ownership information, please refer to the Corporate Ownership Statements. For each entity, the Debtors have included individuals as of the Commencement Date, identified as directors, officers, members, or managers, as applicable, of such entity in the Debtors’ recordkeeping systems or, if no individuals were identified, an entity member, as applicable.
20. **SOFA 29.** The disclosures relate specifically to terminated job titles or positions and are not indicative of the individuals’ current employment status with the Debtors. For each entity, the Debtors have included the individuals who, during the applicable period, were identified as directors and officers of such entity in the Debtors’ recordkeeping systems.
21. **SOFA 30.** Any and all known disbursements to Insiders of the Debtors, as defined above, have been listed in the response to SOFA 4.
22. **SOFA 31.** Various Debtor limited liability companies (“LLCs”) are disregarded for tax purposes. Income generated by an LLC is consolidated at a higher reporting unit level with entities including Sears, Roebuck, and Co., Kmart Corporation, Sears Holdings and others. Only corporations can be “members” of a consolidated group for tax purposes. Because the Debtor LLCs are not corporations for tax purposes, they are identified as not being members of the tax consolidated group in the response to SOFA 31.

## Fill in this information to identify the case:

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern

District of: New York

{State}

Case number (If known): 18-23538

☐ Check if this is an amended filing

## Official Form 206 A/B

12/15

## Schedule A/B: Assets - Real and Personal Property

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: List Creditors Who Have Secured Claims

## 1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

2.	Cash on hand		\$	0.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	Bank of America	Disbursements	4 2 6 6	\$ 0.00
3.2.	Bank of America	Depository/Disbursements	6 7 1 9	\$ 0.00
4.	Other Cash equivalents (Identify all)			
4.1.	Restricted Cash		\$	280,996,465.00
5.	Total of Part 1		\$	280,996,465.00
	Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.☒ Yes. Fill in the information below.



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

Current Value of debtor's interest

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Collateral Deposits	\$	1,934,192.00
7.2. Miscellaneous Deposits	\$	250,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of deposit

8.1. Prepaid Expenses	\$	162,726,167.00
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9. **Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

\$ 164,910,359.00

**Part 3: Accounts Receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current Value of debtor's interest

11. **Accounts Receivable**

11a. 90 days old or less:	\$	3,480,698.00	—	\$	0.00	=..... →	\$	3,480,698.00
		Face amount			Doubtful or uncollectible amount			
11b. Over 90 days old:	\$	0.00	—	\$	0.00	=..... →	\$	0.00
		Face amount			Doubtful or uncollectible amount			

12. **Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 3,480,698.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes. Fill in the information below.

Valuation method used for current value

Current Value of debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. None	\$	0.00
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Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**15. Non-publicly traded stocks and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1.	<u>Sears Authorized Independent Auto Centers LLC</u>	<u>100%</u> %	<u>Net Book Value</u>	\$ <u>UNDETERMINED</u>
15.2.	<u>See Global Notes</u>	<u></u> %	<u></u>	\$ <u>UNDETERMINED</u>

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. None \$ 0.00

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 5: Inventory, excluding agricultural assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

☒ No. Go to Part 6.

☐ Yes. Fill in the information below.

General Description	Date of the last physical inventory	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
19. Raw Materials				
_____	_____	\$ _____	_____	\$ _____
	MM/DD/YYYY			
20. Work in progress				
_____	_____	\$ _____	_____	\$ _____
	MM/DD/YYYY			
21. Finished goods, including goods held for resale				
_____	_____	\$ _____	_____	\$ _____
	MM/DD/YYYY			
22. Other inventory or supplies				
_____	_____	\$ _____	_____	\$ _____
	MM/DD/YYYY			

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ \_\_\_\_\_

24. Is any of the property listed in Part 5 perishable?

☐ No.

☐ Yes.

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No.

☐ Yes. Book value \$ \_\_\_\_\_ Valuation Method  Current Value \$ \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No.

☐ Yes.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

General Description	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
28. Crops - either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in part 6	\$		\$
33. Total of Part 6 Add lines 26 through 32. Copy the total to line 85.			\$
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No.			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No.			
<input type="checkbox"/> Yes.			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No.			
<input type="checkbox"/> Yes. Book value _____ Valuation Method _____ Current Value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No.			
<input type="checkbox"/> Yes.			
37. Has any of the property in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No.			
<input type="checkbox"/> Yes.			

**Part 7: Office furniture, fixtures, and equipment, and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?
- ☒ No. Go to Part 8.
- ☐ Yes. Fill in the information below.

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

General Description	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
39. Office furniture			
	\$		\$
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections, memorabilia, or collectibles.			
42.0	\$		\$

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No.  
☐ Yes.

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No.  
☐ Yes.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
	\$		\$
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
	\$		\$
49. Aircraft and accessories			
	\$		\$

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

\_\_\_\_\_ \$ \_\_\_\_\_ \$

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

\$ \_\_\_\_\_

52. Is a depreciation schedule available for any property listed in Part 8?

☐ No.

☐ Yes.

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☐ No.

☐ Yes.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
_____	_____	\$ _____	_____	\$ _____

56. Total of Part 9

Add lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No.

☐ Yes.

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No.

☐ Yes.

**Part 10: Intangibles and Intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.

☐ Yes. Fill in the information below.

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

General Description	Net book value of debtor's interest (where available)	Valuation method used for current value	Current Value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets.	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$
66. Total of Part 10	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>		
Add lines 60 through 65. Copy the total to line 89.			
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes.			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes.			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes.			

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?
- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**71. Notes receivable**

Description (including name of obligor)

**Current Value of  
debtor's interest**

None	\$	0.00	—	\$	0.00	= ➔	\$	0.00
		Total Face amount			Doubtful or uncollectible amount			

**72. Tax refunds and unused net operating losses (NOLS)**

Description (for example, federal, state, local)

Foreign Tax Credits after FY2017 Return (10 year carryforward)	Tax Year	<u>2018</u>	\$	<u>UNDETERMINED</u>
Total NOL after FY2017 Return	Tax Year	<u>2018</u>	\$	<u>UNDETERMINED</u>



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

73. **Interests in insurance policies or annuities**

ACE American Insurance Company Auto Liability - NH \$500,000 (8/1/2018 - 1/1/2019) Policy Number: ISA H25159883	\$	UNDETERMINED
ACE American Insurance Company Auto Liability - Non-PPT \$5,000,000 (8/1/2018 - 1/1/2019) Policy Number: ISA H25159871	\$	UNDETERMINED
ACE American Insurance Company Auto Liability - PPT \$5,000,000 (8/1/2018 - 1/1/2019) Policy Number: ISA H25159895	\$	UNDETERMINED
ACE American Insurance Company Excess Workers' Compensation Statutory WC \$2MM/\$2MM/\$2MM (8/1/2018 - 1/1/2019) Policy Number: WCU C65226273	\$	UNDETERMINED
ACE American Insurance Company Foreign Package \$5,000,000 (8/1/2018 - 8/1/2019) Policy Number: PHF D42183659 002	\$	UNDETERMINED
ACE American Insurance Company General Liability \$5,000,000 (8/1/2018 - 1/1/2019) Policy Number: HDO G71097614	\$	UNDETERMINED
ACE American Insurance Company General Liability - GGP \$3,000,000 (8/1/2018 - 1/1/2019) Policy Number: HDO G71097730	\$	UNDETERMINED
ACE American Insurance Company General Liability - Macerich \$3,000,000 (8/1/2018 - 1/1/2019) Policy Number: HDO G71097699	\$	UNDETERMINED
ACE American Insurance Company General Liability - Mahopac \$3,000,000 (8/1/2018 - 1/1/2019) Policy Number: CGO G71097778	\$	UNDETERMINED
ACE American Insurance Company General Liability - Simon \$3,000,000 (8/1/2018 - 1/1/2019) Policy Number: HDO G71097651	\$	UNDETERMINED
ACE American Insurance Company Primary \$40MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: RLOD3739824A011	\$	UNDETERMINED
ACE American Insurance Company Workers' Compensation - AOS Statutory WC \$2MM/\$2MM/\$2MM (8/1/2018 - 1/1/2019) Policy Number: WLR C65226236	\$	UNDETERMINED
ACE Fire Underwriters Insurance Company Workers' Compensation - WI Statutory WC \$2MM/\$2MM/\$2MM (8/1/2018 - 1/1/2019) Policy Number: SCF C65226315	\$	UNDETERMINED
ACE Property and Casualty Insurance Company \$25M Lead Umbrella (8/1/2018 - 8/1/2019) Policy Number: XO0 G28144799 003	\$	UNDETERMINED

Debtor	SEARS HOLDINGS CORPORATION	Case number (if known)	18-23538
	Name		
AIG Europe Limited		\$	UNDETERMINED
Primary \$440MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19)			
Policy Number: PTNAM1802875			
Allianz Global Risks US Insurance Company		\$	UNDETERMINED
2nd Excess Directors & Officers Liability \$10M xs \$15M (5/15/2018 - 5/15/2019)			
Policy Number: USF00087418			
Allied World Assurance Co. Ltd.		\$	UNDETERMINED
\$25M part of \$50M xs \$100M Excess Liability (8/1/2018 - 8/1/2019)			
Policy Number: C005782/013			
Allied World Assurance Co. Ltd.		\$	UNDETERMINED
\$25M xs \$25M Excess Liability (8/1/2018 - 8/1/2019)			
Policy Number: C018491/006			
Allied World Assurance Company		\$	UNDETERMINED
Deductible Buy Down (Location Specific): 3/13/18 - 3/13/19 - Property			
Policy Number: P043866/001			
Allied World Assurance Company		\$	UNDETERMINED
Pollution Legal Liability - Eden Prairie \$1,000,000 (4/1/2017 - 4/1/2020)			
Policy Number: 0310-5748			
Allied World Assurance Company		\$	UNDETERMINED
Primary \$65MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19)			
Policy Number: P003839/015			
Argo Re Ltd.		\$	UNDETERMINED
9th Excess Directors & Officers Liability \$10M xs \$95M (5/15/2018 - 5/15/2019)			
Policy Number: ARGO-ASIDE-17-001041.1			
Aspen Specialty Insurance Company		\$	UNDETERMINED
Primary \$90MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19)			
Policy Number: PXAA52818			
AXA Insurance Company		\$	UNDETERMINED
Fine Arts Floater - The Universe \$13,000,000 (1/15/2018 - 5/15/2019)			
Policy Number: 01-334-12-17-00034			
AXIS Insurance Company		\$	UNDETERMINED
8th Excess Directors & Officers Liability \$10M xs \$85M (5/15/2018 - 5/15/2019)			
Policy Number: MCN738227/01/2017			
AXIS Insurance Company		\$	UNDETERMINED
Comprehensive Crime - Primary \$10,000,000 (3/31/2018 - 3/31/2019)			
Policy Number: MCN793165012018			
Berkshire Hathaway Specialty Insurance Company		\$	UNDETERMINED
\$25M part of \$50M xs \$50M Excess Liability (8/1/2018 - 8/1/2019)			
Policy Number: 47-XSF-302809-03			
Bunker Hill International Insurance Bermuda		\$	UNDETERMINED
\$25M part of \$50M xs \$50M Punitive Damages (8/1/2018 - 8/1/2019)			
Policy Number: 748901			
Chubb Bermuda Insurance Ltd.		\$	UNDETERMINED
\$50M xs \$150M Excess Liability (8/1/2018 - 8/1/2019)			
Policy Number: SHLD-0221/BSF03			

Debtor	SEARS HOLDINGS CORPORATION	Case number (if known)	18-23538
	Name		
Chubb Bermuda Insurance Ltd. Lead \$25M Punitive Damages (8/1/2018 - 8/1/2019) Policy Number: SHLD-PD/18		\$	UNDETERMINED
Continental Casualty Company 5th Excess Directors & Officers Liability \$10M xs \$50M (5/15/2018 - 5/15/2019) Policy Number: 596686796		\$	UNDETERMINED
Crum & Forster \$25MM (X \$75MM/\$115MM) - Property (6/1/18 - 6/1/19) Policy Number: PPP-910258		\$	UNDETERMINED
Endurance Worldwide Insurance Ltd. Primary \$440MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1802912		\$	UNDETERMINED
Everest National Insurance Company \$25M part of \$50M xs \$50M Excess Liability (8/1/2018 - 8/1/2019) Policy Number: XC5EX00224-181		\$	UNDETERMINED
Federal Insurance Company Comprehensive Crime - Excess \$10M x \$10M (3/31/2018 - 3/31/2019) Policy Number: 82472277		\$	UNDETERMINED
Federal Insurance Company (Chubb) Boiler & Machinery Policy (Inspections) Inspections only(2/1/2018 - 2/1/2019) Policy Number: 76401454		\$	UNDETERMINED
Global Aerospace, Inc. Non-Owned Aircraft Liability \$100,000,000 (2/26/2018 - 2/26/2019) Policy Number: 13000678		\$	UNDETERMINED
Great Lakes Insurance SE \$350MM (X \$100MM/\$140MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1802903		\$	UNDETERMINED
Hamilton Re, Ltd. Primary \$65MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: PX18-4217-01		\$	UNDETERMINED
HDI Global Insurance Company \$375MM (X \$75MM/\$115MM) - Property (6/1/18 - 6/1/19) Policy Number: XPD1488701		\$	UNDETERMINED
Hiscox \$2M / ACT \$3M 4th Excess Directors & Officers Liability \$15M xs \$35M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1802479		\$	UNDETERMINED
Hiscox Insurance Company Inc. Kidnap and Ransom \$30,000,000 (9/1/2018 - 9/1/2019) Policy Number: UKA3001668.16		\$	UNDETERMINED
Hudson Specialty Insurance Company \$350MM (X \$100MM/\$140MM) - Property (6/1/18 - 6/1/19) Policy Number: HCS102360		\$	UNDETERMINED

Debtor	SEARS HOLDINGS CORPORATION	Case number (if known)	18-23538
	Name		
Illinois National Insurance Company (AIG) 14th Excess Directors & Officers Liability \$10M xs \$140M (5/15/2018 - 5/15/2019) Policy Number: 01-423-04-29		\$	UNDETERMINED
Illinois National Insurance Company (AIG) 4th Excess Directors & Officers Liability \$15M xs \$35M Policy Number: 01-423-10-78		\$	UNDETERMINED
Illinois Union Insurance Company (ACE) Pollution Legal Liability \$5,000,000 (11/1/2009 - 11/1/2019) Policy Number: PPLG24882688 001		\$	UNDETERMINED
Iron-Starr Excess Agency Ltd. \$25M part of \$50M xs \$100M Excess Liability (8/1/2018 - 8/1/2019) Policy Number: IS0004392		\$	UNDETERMINED
Ironshore Specialty Insurance Company Primary \$440MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: 000423109		\$	UNDETERMINED
Liberty Mutual Fire Insurance Company Primary \$440MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: MJ2L9L426774038		\$	UNDETERMINED
Lloyd's Syndicate No. 1183 (TAL, BRT) Primary \$90MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1802913		\$	UNDETERMINED
Lloyd's Syndicate No. 1414 (ASC) Primary \$65MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1802914		\$	UNDETERMINED
Lloyd's Syndicate No. 1955 (Barbican) \$350MM (X \$100MM/\$140MM) - Property (6/1/18 - 6/1/19) Policy Number: 042768061808		\$	UNDETERMINED
Lloyd's Syndicate No. 1955 (Barbican) Primary \$65MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: 042768061812		\$	UNDETERMINED
Lloyd's Syndicate No. 2468 (Neon) Primary \$65MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: BNPD18AA158Z		\$	UNDETERMINED
Lloyd's Syndicate No. 318 (MSP) Primary \$90MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1801122		\$	UNDETERMINED
Lloyd's of London (AIG 80% / ACT 20%) 11th Excess Directors & Officers Liability \$5M xs \$125M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1801090		\$	UNDETERMINED
Lloyd's of London (Beazley 37.5% / Aspen 15% / ACT 20% / StartPoint 12.5% / AIG 15% (UK)) 10th Excess Directors & Officers Liability \$20M xs \$105M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1801088		\$	UNDETERMINED

Debtor	SEARS HOLDINGS CORPORATION	Case number (if known)	18-23538
	Name		
Lloyd's of London (Beazley) 1st Excess Directors & Officers Liability \$7.5M xs \$7.5M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1800413		\$	UNDETERMINED
Lloyd's of London (Hiscox 50% / AIG 30% / ACT 20% (UK)) 7th Excess Directors & Officers Liability \$10M xs \$75M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1800971		\$	UNDETERMINED
Lloyd's of London (StartPoint 50% / Aspen 30% / ACT 20% (UK)) 6th Excess Directors & Officers Liability \$15M xs \$60M (5/15/2018 - 5/15/2019) Policy Number: FSUSC1800410		\$	UNDETERMINED
Lloyd's Syndicates 623/2623 Pollution Legal Liability - GGP \$10,000,000 (5/29/2015 - 5/29/2025) Policy Number: W18A4D150101		\$	UNDETERMINED
Lloyd's Syndicates 623/2623 Pollution Legal Liability - Macerich \$10,000,000 (6/30/2015 - 6/30/2025) Policy Number: W18DCF150101		\$	UNDETERMINED
Lloyd's Syndicates 623/2623 Pollution Legal Liability - Simon \$10,000,000 (6/12/2015 - 6/12/2025) Policy Number: W18BF6150101		\$	UNDETERMINED
Magna Carta Insurance Limited \$25M part of \$50M xs \$50M Punitive Damages (8/1/2018 - 8/1/2019) Policy Number: MCEV204734		\$	UNDETERMINED
Markel Bermuda Ltd. \$50MM (X \$50MM/\$100MM) - Property (6/1/18 - 6/1/19) Policy Number: 1374862-9606-PRMAN-2018		\$	UNDETERMINED
National Casualty Company Sponsorship Liability - Excess \$5M x \$1M (8/1/2018 - 8/1/2019) Policy Number: XKO0007542300		\$	UNDETERMINED
National Casualty Company Sponsorship Liability - Primary \$1,000,000 (8/1/2018 - 8/1/2019) Policy Number: KEO0007542100		\$	UNDETERMINED
National Union Fire Ins Co of Pittsburgh, PA Business Travel Accident \$500,000 (1/31/2018 - 1/31/2019) Policy Number: GTP9129594		\$	UNDETERMINED
Navigators Specialty Insurance Company Environmental - Sears Auto Service Centers \$1,000,000 (9/1/2017 - 9/1/2020) Policy Number: CH17ESP0BHJV2NC		\$	UNDETERMINED
North American Elite Insurance Company Mahopac, NY Property \$9,100,000 (4/15/2018 - 4/15/2019) Policy Number: NAP200246800		\$	UNDETERMINED
North American Specialty Insurance Company 3rd Excess Directors & Officers Liability \$10M xs \$25M (5/15/2018 - 5/15/2019) Policy Number: DAX 2000102 00		\$	UNDETERMINED

Debtor	SEARS HOLDINGS CORPORATION Name	Case number (if known)	18-23538
Old Republic Insurance Company 13th Excess Directors & Officers Liability \$5M xs \$135M (5/15/2018 - 5/15/2019) Policy Number: ORPRO 39488		\$	UNDETERMINED
PartnerRe Ireland Insurance da \$350MM (X \$100MM/\$140MM) - Property (6/1/18 - 6/1/19) Policy Number: PTNAM1802911		\$	UNDETERMINED
Scottsdale Insurance Company General Liability (buffer) - Costa Mesa \$1M xs \$1MM (8/14/2018 - 8/14/2019) Policy Number: XLS0107980		\$	UNDETERMINED
Scottsdale Insurance Company General Liability - Costa Mesa \$1,000,000 (8/14/2018 - 8/14/2+019) Policy Number: BCS0037278		\$	UNDETERMINED
Starr Indemnity & Liability Company Stock Throughput (6/1/18 - 6/1/19) Policy Number: MASICNY0264US18		\$	UNDETERMINED
Starr Surplus Lines Insurance Company Primary \$90MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: SLSTPTY11075718		\$	UNDETERMINED
Stratford Insurance Company (Validus) 12th Excess Directors & Officers Liability \$5M xs \$130M (5/15/2018 - 5/15/2019) Policy Number: PDX0000018		\$	UNDETERMINED
Tokio Marine America Insurance Company Primary \$440MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: LCP648016707		\$	UNDETERMINED
Westport Insurance Corporation Primary \$90MM (X \$10MM/\$50MM) - Property (6/1/18 - 6/1/19) Policy Number: NAP045210506		\$	UNDETERMINED
XL Bermuda Ltd. \$350MM (X \$100MM/\$140MM) - Property (6/1/18 - 6/1/19) Policy Number: XL PRP 714637 18		\$	UNDETERMINED
XL Catlin (Lloyds Syndicate 2003) Sabotage & Terrorism (Location Specific): 3/9/18 - 3/9/19 - Property Policy Number: CMCTR1802826		\$	UNDETERMINED
XL Specialty Insurance Company Lead Directors & Officers Liability Primary \$7.5M (5/15/2018 - 5/15/2019) Policy Number: ELU149912-17		\$	UNDETERMINED
Zurich American Insurance Company Primary \$65MM (X \$10MM/\$50MM) & \$25MM (X \$75MM/\$115MM) - Property (6/1/18 - 6/1/19) Policy Number: XPP926068011		\$	UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

Re Payment Card Interchange Fee and Merchant Discount Antitrust Litigation. The Interchange Litigation claims merchants paid excessive fees to accept Visa and MasterCard cards (Filed on 10/31/2014) \$ UNDETERMINED

**Nature of claim** Antitrust - Unilateral Pricing Policy

**Amount Requested** \$ 412,000,000.00

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Earned but unpaid rebates and/or incentives relating to media purchases and potential breach of contract \$ UNDETERMINED

**Nature of claim** Potential Claims - Commercial Contracts

**Amount requested** \$ UNDETERMINED

Lawsuit Filed On 06 Oct 2014 for discharge of the distribution agreement and damages against Plaza Lama. \$ UNDETERMINED

Counterclaim Filed on 23 Apr 2015, Plaza Lama launched a counterclaim in execution of contract and damages.

**Nature of claim** Commercial Transactions and Agreements - Commercial Contracts

**Amount requested** \$ UNDETERMINED

To process miscellaneous claims against bankrupt Sears vendors and contractors that pay out from time to time \$ UNDETERMINED

**Nature of claim** Lawsuit - Judgment Lien Recovery

**Amount requested** \$ UNDETERMINED

**76. Trusts, equitable or future interests in property**

\$ 0.00

**77. Other property of any kind not already listed Examples: Season tickets, country club membership**

Intercompany Instrument Investment Amount \$ 193,470,497.00

Intercompany Instrument Investment Amount SRAC Medium Term Notes \$ 288,446,000.00

Intercompany Investment Amount \$ 16,923,700,310.00

**78. Total of Part 11**

\$ 17,405,616,807.00

Add lines 71 through 77. Copy the total to line 90.

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No.

☐ Yes.

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 12: Summary**

In part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 280,996,465.00	
81. Deposits and Prepayments. <i>Copy line 9, Part 2.</i>	\$ 164,910,359.00	
82. Accounts Receivable. <i>Copy line 12, Part 3.</i>	\$ 3,480,698.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ -	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ -	
86. Office Furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ -	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ -	
88. Real Property. <i>Copy line 56, Part 9.</i>	➔	\$ -
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ -	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 17,405,616,807.00	
91. Total. Add lines 80 through 90 for each column.	\$ 17,855,004,329.00	\$ 0.00
92. Total of all property on Schedule A/B. <i>Lines 91a + 91b = 92.</i>		\$ 17,855,004,329.00



**Fill in this information to identify the case:**

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern District of: New York  
{State}

Case number (If known): 18-23538

☐ Check if this is an amended filing

**Official Form 206 D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**Part 1: List Creditors Who Have Secured Claims**

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral

**Column B**  
**Value of collateral that supports this claim**

**2.1 Creditor's Name**

JPP LLC

**Creditor's Mailing Address**

1170 KANE CONCOURSE SUITE 200,

BAY HARBOR ISLANDS, FL 33154

USA

Creditor's email address, if known

Date debt was incurred 9/1/2016

Last 4 digits of account number                    

Do multiple creditors have an interest in the same property?

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP/JPP II, LLC

**Describe debtor's property that is subject to a lien**

Inventory, receivables and other related assets of the Company and its subsidiaries which are obligated on the Second Lien Term Loan and the New Senior Secured Notes.

**Describe the lien**

Second Lien Term Loan UCC Lien  
20173946156

**Is the creditor an insider or related party?**

- ☐ No
- ☒ Yes

**Is anyone else liable on the claim?**

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☐ Disputed

\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

*Column A*

**Amount of claim**  
Do not deduct the value  
of collateral

*Column B*

**Value of collateral  
that supports this  
claim**

**2.2 Creditor's Name**

WILMINGTON TRUST AS TRUSTEE

**Describe debtor's property that is subject to a lien**

\$ 89,002,000.00 \$ UNDETERMINED

**Creditor's Mailing Address**

7530 LUCERNE DR 305,

Secured by a security interest in certain assets  
consisting primarily of domestic inventory and  
receivables.

CLEVELAND, OH 44130

USA

**Describe the lien**

Second Lien Notes UCC Lien 20103552621

**Creditor's email address, if known**

**Date debt was incurred** 10/12/2010

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Last 4 digits of  
account number** \_ \_ \_ \_

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in  
the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor,  
and its relative priority

1. Bank of America; 2. JPP/JPP II, LLC  
and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3 Creditor's Name**

CITIBANK NA AS ADMINISTRATIVE AGENT

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED \$ UNDETERMINED

**Creditor's Mailing Address**

390 GREENWICH STREET 1ST FLOOR,

A Stand-Alone L/C Facility secured by a first  
lien on substantially all domestic inventory and  
credit card and pharmacy receivables. Cash  
collateral on deposit with the Issuing Bank  
equal to 102% of the commitments under the

NEW YORK, NY 10013

USA

**Describe the lien**

Stand-Alone L/C Facility UCC Lien  
201701040003368

**Creditor's email address, if known**

**Date debt was incurred** 12/28/2016

**Is the creditor an insider or related party?**

- ☐ No  
☒ Yes

**Last 4 digits of  
account number** \_ \_ \_ \_

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in  
the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor,  
and its relative priority

1. Bank of America and JPP/JPP II, LLC

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

**Column A**

**Amount of claim**  
Do not deduct the value of collateral

**Column B**

**Value of collateral that supports this claim**

**2.4 Creditor's Name**

JPP LLC

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

1170 KANE CONCOURSE SUITE 200,

Secured by substantially all of the unencumbered intellectual property (IP) of the Company and its subsidiaries (excluding IP relating to the Kenmore and DieHard brands), and by certain real property interests.

BAY HARBOR ISLANDS, FL 33154

USA

**Describe the lien**

IP/Ground Lease Term Loan UCC Lien 20180125050

Creditor's email address, if known

Date debt was incurred 1/4/2018

**Is the creditor an insider or related party?**

- ☐ No  
☒ Yes

Last 4 digits of account number                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. JPP, LLC 1. JPP II, LLC c/o ESL Investments, Inc. Attention: Edward S. Lampert, CEO 1170 Kane Concourse, Suite 200 Bay Harbor Islands FL 33154

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**2.5 Creditor's Name**

BANK OF AMERICA

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

2417 REGENCY BLVD SUITE 6,

An asset-based revolving credit facility with current commitments of \$1.5 billion secured by a first lien on substantially all domestic inventory and credit card and pharmacy receivables.

AUGUSTA, GA 30904

USA

**Describe the lien**

Revolving Credit Facility (First Lien Credit Facility) UCC Lien 20100665467

Creditor's email address, if known

Date debt was incurred 7/21/2015

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

Last 4 digits of account number                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP/ JPP II, LLC and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

**Column A**

**Amount of claim**  
Do not deduct the value of collateral

**Column B**

**Value of collateral that supports this claim**

**2.6 Creditor's Name**

BANK OF AMERICA

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

2417 REGENCY BLVD SUITE 6,

A letter of credit sublimit of up to \$1 billion secured by a first lien on substantially all domestic inventory and credit card and pharmacy receivables.

AUGUSTA, GA 30904

USA

**Describe the lien**

First Lien Letters of Credit (First Lien Credit Facility) UCC Lien 20100665467

**Creditor's email address, if known**

**Date debt was incurred** 7/21/2015

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Last 4 digits of account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP/ JPP II, LLC and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**2.7 Creditor's Name**

BANK OF AMERICA

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

2417 REGENCY BLVD SUITE 6,

Secured by a first lien on substantially all domestic inventory and credit card and pharmacy receivables.

AUGUSTA, GA 30904

USA

**Describe the lien**

First Lien Term Loan B (First Lien Credit Facility) UCC 20100665467

**Creditor's email address, if known**

**Date debt was incurred** 7/21/2015

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Last 4 digits of account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP/ JPP II, LLC and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

**Column A**

**Amount of claim**  
Do not deduct the value of collateral

**Column B**

**Value of collateral that supports this claim**

**2.8 Creditor's Name**

BANK OF AMERICA

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

2417 REGENCY BLVD SUITE 6,

Secured by a first lien on substantially all domestic inventory and credit card and pharmacy receivables.

AUGUSTA, GA 30904

USA

**Describe the lien**

FILO Term Loan (First Lien Credit Facility)  
UCC Lien 20100665467

**Creditor's email address, if known**

**Date debt was incurred** 7/21/2015

**Is the creditor an insider or related party?**

- ☐ No  
☒ Yes

**Last 4 digits of account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP/ JPP II, LLC and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**2.9 Creditor's Name**

WILMINGTON TRUST AS TRUSTEE

**Describe debtor's property that is subject to a lien**

\$ 175,449,420.00

\$ UNDETERMINED

**Creditor's Mailing Address**

7530 LUCERNE DR 305,

Secured by a security interest in certain assets consisting primarily of domestic inventory and receivables

CLEVELAND, OH 44130

USA

**Describe the lien**

Second Lien PIK Notes UCC 20103552621

**Creditor's email address, if known**

**Date debt was incurred** 2/1/2018

**Is the creditor an insider or related party?**

- ☐ No  
☒ Yes

**Last 4 digits of account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority

1. Bank of America; 2. JPP, LLC and JPP II, LLC and Wilmington Trust

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

*Column A*

**Amount of claim**  
Do not deduct the value  
of collateral

*Column B*

**Value of collateral  
that supports this  
claim**

**2.10 Creditor's Name**

JPP LLC

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

1170 KANE CONCOURSE SUITE 200,

Secured by a security interest in certain assets  
consisting primarily of domestic inventory and  
receivables

BAY HARBOR ISLANDS, FL 33154

USA

**Describe the lien**

Second Lien Line of Credit and Alternative  
Tranche Line of Credit Loans UCC  
20173946156

**Creditor's email address, if known**

**Date debt was incurred** 9/1/2016

**Is the creditor an insider or related party?**

- ☐ No  
☒ Yes

**Last 4 digits of  
account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in  
the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor,  
and its relative priority

1. Bank of America; 2. JPP/JPP II, LLC

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**2.11 Creditor's Name**

UBS AG STAMFORD BRANCH

**Describe debtor's property that is subject to a lien**

\$ UNDETERMINED

\$ UNDETERMINED

**Creditor's Mailing Address**

600 WASHINGTON BOULEVARD,

Secured by the Sparrow Borrowers' interests in  
138 real properties subject to Amended and  
Restated Master Lease Agreement dated  
3/14/2018. Sears Holdings and Sears,  
Roebuck and Co. provide a limited guaranty.

STAMFORD, CT 06901

USA

**Describe the lien**

Sparrow Term Loan (Guarantor)

**Creditor's email address, if known**

Agency-UBSAmericas@ubs.com

**Date debt was incurred** 3/14/2018

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Last 4 digits of  
account number**                    

**Is anyone else liable on the claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Do multiple creditors have an interest in  
the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor,  
and its relative priority

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

**Column A**

**Amount of claim**  
Do not deduct the value  
of collateral

**Column B**

**Value of collateral  
that supports this  
claim**

**2.12 Creditor's Name**

JPP LLC

**Creditor's Mailing Address**

1170 KANE CONCOURSE SUITE 200,

BAY HARBOR ISLANDS, FL 33154

USA

Creditor's email address, if known

Date debt was incurred 3/14/2018

Last 4 digits of  
account number                    

Do multiple creditors have an interest in  
the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor,  
and its relative priority

1. JPP, LLC; 1. JPP II, LLC, c/o ESL  
Investments, Inc., 1170 Kane Concourse,  
Suite 200 Bay Harbor Islands FL 33154

**Describe debtor's property that is subject to a lien**

Secured by a pledge of equity interests in SRC  
O.P. LLC, which is the parent company of the  
other Sparrow Borrowers. Sears Holdings and  
Sears, Roebuck and Co. provide a limited  
guaranty of the Sparrow Mezzanine Borrower's

**Describe the lien**

Sparrow Mezzanine Term Loan (Guarantor)

**Is the creditor an insider or related party?**

☐ No

☒ Yes

**Is anyone else liable on the claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$ UNDETERMINED

\$ UNDETERMINED

**2.13 Creditor's Name**

JPP LLC

**Creditor's Mailing Address**

1170 KANE CONCOURSE SUITE 200,

BAY HARBOR ISLANDS, FL 33154

USA

Creditor's email address, if known

Date debt was incurred 4/6/2016

Last 4 digits of  
account number                    

Do multiple creditors have an interest in  
the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor,  
and its relative priority

**Describe debtor's property that is subject to a lien**

Secured by a first priority lien on certain  
leased/owned real properties in respect of  
which Lender is expressly granted a Lien under  
the Loan Documents. Sears Holding  
Corporation is a guarantor.

**Describe the lien**

Consolidated Secured Loan Facility (Includes  
Note A and Note B). Guaranteed by SHC.  
UCC Lien 20173946156

**Is the creditor an insider or related party?**

☐ No

☒ Yes

**Is anyone else liable on the claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$ UNDETERMINED

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page only if more space is needed. Continue numbering lines sequentially from the previous page.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the  
Additional Page, if any.

\$ 264,451,420.00



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 2**

**List Others to be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and Address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity?
<hr/>	<hr/>	<hr/>
<hr/>		

Fill in this information to identify the case:

Debtor name SEARS HOLDINGS CORPORATION  
United States Bankruptcy Court for the: Southern District of: New York  
Case number (If known): 18-23538 {State}

☐ Check if this is an amended filing

Official Form 206 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

AASD TAX OFFICE  
200R E CRAWFORD AVE

ALTOONA, PA 16602

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

ABINGTON TOWNSHIP TREASURER  
1176 OLD YORK ROAD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ABINGTON, PA 19001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

ACADIA PARISH SCHOOL BOARD  
PO DRAWER 309

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CROWLEY, LA 70527-0309

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.4** Priority creditor's name and mailing address

ADAMS COUNTY HEALTHDEPT  
330 VERMONT STREET

QUINCY, IL 62301

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.5** Priority creditor's name and mailing address

AGRICULTURAL COMMISSIONER'S OFFICE -  
WEIGHTS AND MEASURES  
133 AVIATION BLVD SUITE 110

ROSA, CA 95403-1077

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.6** Priority creditor's name and mailing address

ALABAMA DEPARTMENT OF REVENUE  
PO BOX 327431

MONTGOMERY, AL 6132-7431

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.7** Priority creditor's name and mailing address

ALABAMA DEPARTMENT OF REVENUE  
PO BOX 327431

MONTGOMERY, AL 6132-7431

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.8** Priority creditor's name and mailing address

ALABAMA DEPARTMENT OF REVENUE  
PO BOX 327431

MONTGOMERY, AL 6132-7431

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.9** Priority creditor's name and mailing address

ALABAMA DEPARTMENT OF REVENUE  
PO BOX 327431

MONTGOMERY, AL 6132-7431

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.10**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALACHUA COUNTY  
12 SOUTH EAST 1ST STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GAINESVILLE, FL 32601

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.11**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALACHUA COUNTY TAX COLLECTOR  
PO BOX 142340

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GAINESVILLE, FL 32614

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.12**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALAMEDA COUNTY  
THE HONORABLE NANCY O'MALLEY 1225  
FALLON STREET ROOM 900

OAKLAND, CA 94612

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.13**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALASKA DEPARTMENT OF REVENUE  
PO BOX 110420

JUNEAU, AK 9811-0420

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.14**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALASKA DEPT COMMERCE  
PO BOX 110807

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JUNEAU, AK 99811-0806

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.15**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALCOHOL & TOBACCO TAX AND TRADE BUREAU  
550 MAIN STREET SUITE 8002

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CINNCINNATI, OH 45202-5215

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.16**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALLEGANY COUNTY CLERK  
30 WASHINGTON STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CUMBERLAND, MD 21502

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.17**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALLEGHENY COUNTY HEALTH DEPT  
542 4TH AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PITTSBURGH, PA 15219

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.18**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALLEN PARISH SCHOOL BOARD  
PO DRAWER190

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

OBERLIN, LA 70655

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.19**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ALTOONA AREA SCHOOL DIST TAX OFFICE  
200R E CRAWFORD AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ALTOONA, PA 16602-5248

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.20**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ANNE ARUNDEL CO HEALTH DEPT  
THREE HARRY S TRUMAN PKWY

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANNAPOLIS, MD 21401

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.21**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ANNE ARUNDEL CO PUBLIC WORKS  
2662 RIVA ROAD WWD MS 7408

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANNAPOLIS, MD 21401

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.22**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ANNE ARUNDEL COUNTY  
OFFICE OF FINANCE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANNAPOLIS, MD 21404-0427

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.23**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARIZONA DEPARTMENT OF LIQUOR LICENSE &  
CONTROL  
800 W WASHINGTON 5TH FL

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, AZ 85007

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.24**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARIZONA DEPARTMENT OF REVENUE  
PO BOX 29010

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, AZ 85038-9079

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.25**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARIZONA DEPT OF AGRICULTURE  
1688 W ADAMS

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, AZ 85007

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.26**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARIZONA GAME & FISH DEPARTMENT  
5000 WEST CAREFREE HWY

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, AZ 85086

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.27**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARIZONA STATE BOARD OF PHARMACY  
P O BOX 18520

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, AZ 85005

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.28**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ARLINGTON COUNTY  
PO BOX 1757

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MERRIFIELD, VA 22116-1757

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.29**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ASCENSION PARISH  
PO BOX 1718

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GONZALES, LA 70707

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
SALES TAX

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      8      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.30**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ASSUMPTION PARISH  
PO DRAWER 920

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NAPoleonVILLE, LA 70390

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**

**Last 4 digits of account number**    \_ \_ \_ \_

SALES TAX

**Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.31**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

ATHENS-CLARKE COUNTY  
P O BOX 1748

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATHENS, GA 30603

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**

**Last 4 digits of account number**    \_ \_ \_ \_

TAXING AUTHORITY

**Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.32**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

AUBURN BOARD OF HEALTH  
104 CENTRAL STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUBURN, MA 01501

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.33**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

AUGUSTA LICENSE AND INSPECTION  
P O BOX 9270

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUGUSTA, GA 30916-9270

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.34**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

AVOYELLES PARISH SALES TAX FUND  
221 TUNICA DRIVE WEST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MARKSVILLE, LA 71351

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
SALES TAX

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.35**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BALDWIN COUNTY  
PO BOX 189

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROBERTSDALE, AL 36567

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
SALES TAX

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.36**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BALTIMORE COUNTY  
400 WASHINGTON AVE RM 150

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TOWSON, MD 21204-4665

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.37**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BALTIMORE COUNTY - CLERK  
PO BOX 6754

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TOWSON, MD 21285-6754

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.38**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BALTIMORE COUNTY CIRCUIT COURT  
401 BOSLEY AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TOWSON, MD 21204-6754

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.39**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BALTIMORE COUNTY MARYLAND  
9100 FRANKLIN SQUARE DRIVE SUITE 230

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BALTIMORE, MD 21237

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.40**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BARNSTABLE PUBLIC HEALTH  
200 MAIN ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HYANNIS, MA 02601

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes

**2.41**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BATTLE CREEK CITY TREASURER  
PO BOX 239

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BATTLE CREEK, MI 49016

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.42**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BEAR  
4244 S MARKET CT SUITE D

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95834-1243

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.43**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BEAUREGARD PARISH  
PO BOX 639

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DERIDDER, LA 70634

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.44**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BETH MAHN COLLECTOR  
P O BOX 100

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HILLSBORO, MO 63050

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

- ☐ No  
☐ Yes

**2.45**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BIENVILLE PARISH SCHOOL BOARD  
PO BOX 746

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ARCADIA, LA 71001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
SALES TAX

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.46**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BISMARCK-BURLEIGH PUBLIC HEALTH  
500 E FRONT AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BISMARCK, ND 58504

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.47**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOARD OF EDUCATION OF FAYETTE COUNTY  
PO BOX 55570

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LEXINGTON, KY 40555-5570

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.48**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOARD OF EQUALIZATION  
PO BOX 942879

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 94279

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes

**2.49**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOONE COUNTY FISCAL COURT  
PO BOX 960

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BURLINGTON, KY 41005-0960

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.50**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOROUGH OF WESTWOOD  
101 WASHINGTON AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WESTWOOD, NJ 07675

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**

TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.51**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOROUGH OF WILSON  
2040 HAY TERRACE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

EASTON, PA 18042

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**

TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.52**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BOSSIER CITY-PARISH  
PO BOX 71313

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOSSIER CITY, LA 71171-1313

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.53**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BREVARD COUNTY  
400 SOUTH ST 6TH FLR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TITUSVILLE, FL 32780-7698

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.54**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BROCKTON BOARD OF HEALTH  
45 SCHOOL STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BROCKTON, MA 02301

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.55**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BROWARD COUNTY  
115 ANDREWS AVE RM A-100

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FORT LAUDERDALE, FL 33301

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.56**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BROWARD COUNTY AR  
BOX 302

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PLANTATION, FL 33324

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.57**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUCHANAN COUNTY  
411 JULES ST STE 123

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JOSEPH, MO 64501-1788

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.58**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUCKS COUNTY DEPT OF HEALTH  
1282 ALMSHOUSE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DOYLESTOWN, PA 18901

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.59**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUNCOMBE COUNTY  
94 COXE AVENUE ASHEVILLE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ASHEVILLE, NC 28801-3014

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.60**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUREAU HOME FURNISH&THERMAL INSULA  
PO BOX 980580

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95798-0580

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.61**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BURKE COUNTY TAX COLLECTOR  
P O BOX 219

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MORGANTON, NC 28680

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
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**2.62**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUTTE COUNTY DEPT OF PUBLIC HEALTH  
202 MIRA LOMA DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

\_\_\_\_\_  
OROVILLE, CA 95965

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.63**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

BUTTE COUNTY WEIGHTS & MEASURES  
316 NELSON AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

\_\_\_\_\_  
OROVILLE, CA 95965

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.64**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CA DEPT OF ALC BEV CONTROL  
3927 LENNANE DRIVE SUITE 100

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95834

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.65**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CA DEPT OF PUBLIC HEALTH  
P O BOX 997435

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95899-7435

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.66**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CADDO-SHREVEPORT SU TAX COMMISSION  
PO BOX 104

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SHREVEPORT, LA 71161

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**2.67**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CALCASIEU PARISH SCHOOL BOARD  
PO BOX 2050

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LAKE CHARLES, LA 70602

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.68**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CALRECYCLE  
PO BOX 2711

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95812-2711

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.69**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CALVERT COUNTY CIRCUIT COURT  
175 MAIN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FREDERICK, MD 20678

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.70**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CALVERT COUNTY HEALTH DEPT  
P O BOX 980

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FREDERICK, MD 20678

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.71**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CAPE GIRARDEAU COUNTY  
1 BARTON SQUARE STE 303

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, MO 63755

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.72**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CARROLL COUNTY CIRCUIT COURT  
55 NORTH COURT STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WESTMINSTER, MD 21157-5155

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.73**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CARSON CITY  
108 E PROCTOR ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, NV 89701

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.74**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CARTERET COUNTY  
302 COURTHOUSE SQUARE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BEAUFORT, NC 28516

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.75**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CATAHOULA PARISH SCHOOL BOARD  
PO BOX 250

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VIDALIA, LA 71373

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.76**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CCA -DIVISION OF TAXATION  
PO BOX 94723

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CLEVELAND, OH 44101-4810

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.77**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CDFA - 90054  
1220 N STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 95814

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
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**2.78**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CDPHE  
PO BOX 460579

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80246

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.79**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CENTRAL RACINE COUNTY HEALTH DEPT  
10005 NORTHWESTERN AVENUE STE A

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRANKSVILLE, WI 53126

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.80**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHARLES COUNTY - CLERK OF CC  
PO BOX 970 200 CHARLES ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PLATA, MD 20646

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.81**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHARLESTON COUNTY REVENUE COLLECTION  
DEPT  
4045 BRIDGE VIEW DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHARLESTON, SC 29405-7464

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.82**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHESAPEAKE CITY  
P O BOX 15285

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHESAPEAKE, VA 23328

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.83**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHESTERFIELD CO  
P O BOX 124

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHESTERFIELD, VA 23832

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.84**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHICAGO DEPT OF REVENUE  
PO BOX 71528

Total Claim	Priority
\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>

Check all that apply.

CHICAGO, IL 60694-1528

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.85**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHICAGO DEPT OF REVENUE  
LOCKBOX 93180

Total Claim	Priority
\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>

Check all that apply.

CHICAGO, IL 60673

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.86**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHICAGO SOFT DRINK TAX ADMINISTRATION  
22149 NETWORK PLACEDB

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHICAGO, IL 60673

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.87**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CHURCHILL COUNTY  
155 N TAYLOR SUITE 194

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FALLON, NV 89406

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.88**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY & COUNTY OF BROOMFIELD  
PO BOX 407

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BROOMFIELD, CO 80038-0407

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**2.89**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY CLERK & TREASURER  
PO BOX 100188

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

IRONDALE, AL 35210

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.90**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ABERDEEN  
200 E MARKET ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ABERDEEN, WA 98520-5207

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.91**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ADAMSVILLE  
PO BOX 309

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ADAMSVILLE, AL 35005

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.92**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF AKRON OHIO INCOME TAX DIVISION  
1 CASCADE PLAZA - 11TH FLOOR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AKRON, OH 44308

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.93**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALABASTER  
PO BOX 11407

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35246

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.94**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALABASTER  
PO BOX 11407

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35246

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.95**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALAMEDA  
2263 SANTA CLARA AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ALAMEDA, CA 94501-4456

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
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**2.96**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALAMOSA  
PO BOX 419

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ALAMOSA, GA 81101

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.97**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALBUQUERQUE  
PLAZA DEL SOL 600 2ND ST NW

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ALBUQUERQUE, NM 87102

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.98**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALEXANDER CITY  
PO BOX 552

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, AL 35011

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.99**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ALEXANDRIA  
PO BOX 34850

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ALEXANDRIA, VA 22334-0850

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.100** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ALLENTOWN  
435 HAMILTON ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ALLENTOWN, PA

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.101** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF ANDALUSIA  
P O BOX 429

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ANDALUSIA, AL 36420

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.102** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ANNISTON  
PO BOX 935145

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 31193-5145

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.103** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ANTIOCH  
P O BOX 5008 FINANCE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANTIOCH, CA 94531

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.104** Priority creditor's name and mailing address

CITY OF ARGO  
100 BLACKJACK ROAD

ARGO, AL 35173

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.105** Priority creditor's name and mailing address

CITY OF ARVADA  
8101 RALSTONROAD

ARVADA, CO 80002

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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**2.106** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ASHEVILLE  
P O BOX 7148

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ASHEVILLE, NC 28802

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.107** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ASHLAND  
PO BOX 849

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ASHLAND, AL 36251-0849

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.108** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ASPEN  
PO BOX 91251

Check all that apply.

DENVER, CO 80291

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.109** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF ATASCADERO  
6500 PALMA AVE

Check all that apply.

ATASCADERO, CA 93422

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.110** Priority creditor's name and mailing address

CITY OF ATHENS  
PO BOX 1089

ATHENS, AL 35612

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.111** Priority creditor's name and mailing address

CITY OF ATMORE  
P O DRAWER 1297

ATMORE, AL 36504

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.112** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF AUBURN  
144 TICHENOR AVE STE 6

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUBURN, AL 36830

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.113** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF AUBURN  
144 TICHENOR AVE STE 6

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUBURN, AL 36830

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.114** Priority creditor's name and mailing address

CITY OF AUGUSTA  
P O BOX 9270

AUGUSTA, GA 30916-9270

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.115** Priority creditor's name and mailing address

CITY OF AURORA  
PO BOX 33001

AURORA, CO 80041-3001

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.116** Priority creditor's name and mailing address

CITY OF AVALON  
PO BOX 707

AVALON, CA 90704

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.117** Priority creditor's name and mailing address

CITY OF AZUSA  
213 E FOOTHILL BLVD

AZUSA, CA 91702-1395

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.118** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BAKERSFIELD  
P O BOX 2057

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BAKERSFIELD, CA 93303

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.119** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BALDWIN PARK  
14403 PACIFIC AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BALDWIN PARK, CA 91706

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.120** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BARBOURSVILLE  
PO BOX 266

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BARBOURSVILLE, WV 25504-0266

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.121** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BATON ROUGE  
P O BOX 2590

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROUGE, LA 70821-2590

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.122** Priority creditor's name and mailing address

CITY OF BAY MINETTE  
301 D'OLIVE ST

MINETTE, AL 36507

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.123** Priority creditor's name and mailing address

CITY OF BEAUFORT  
PO BOX 25962

TAMPA, FL 33622-5962

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.124** Priority creditor's name and mailing address

CITY OF BEAVERTON  
PO BOX 4755

BEAVERTON, OR 97076-4755

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.125** Priority creditor's name and mailing address

CITY OF BEAVERTON  
PO BOX 4755

BEAVERTON, OR 97076-4755

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.126** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BELLEVUEWA  
PO BOX 34372

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.127** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF BELLINGHAM  
210 LOTTIE STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.128** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BELMONT  
8839 N CEDAR AVE 212

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.129** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BENWOOD  
430 MAIN STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.130</b>	<b>Priority creditor's name and mailing address</b>		
	CITY OF BESSEMER	\$	UNDETERMINED
	1700 3RD AVE		
	BESSEMER, AL 35020		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	TAXING AUTHORITY		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

		Total Claim	Priority
<b>2.131</b>	<b>Priority creditor's name and mailing address</b>		
	CITY OF BEVERLY HILLS	\$	UNDETERMINED
	P O BOX 844731		
	HILLS, CA 90084		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	TAXING AUTHORITY		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.132** Priority creditor's name and mailing address

CITY OF BIG BEAR LAKE  
PO BOX 10000

LAKE, CA 92315

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.133** Priority creditor's name and mailing address

CITY OF BILOXI  
PO BOX 508

BILOXI, MS 39533

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.134** Priority creditor's name and mailing address

CITY OF BIRMINGHAM  
P O BOX 830638

BIRMINGHAM, AL

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.135** Priority creditor's name and mailing address

CITY OF BIRMINGHAM  
P O BOX 830638

BIRMINGHAM, AL

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.136** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BISHOP  
P O BOX 1236

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BISHOP, CA 93515

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.137** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BISHOPVILLE  
PO BOX 388

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BISHOPVILLE, SC 29010

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.138** Priority creditor's name and mailing address

CITY OF BLUFFTON  
BOX 386

BLUFFTON, SC 29910

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.139** Priority creditor's name and mailing address

CITY OF BOAZ  
P O BOX 537

BOAZ, AL 35957

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.140** Priority creditor's name and mailing address

CITY OF BOCA RATON LICENSING  
201 WEST PALMETTO PARK ROAD

RATON, FL 33432

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.141** Priority creditor's name and mailing address

CITY OF BOTHELL  
18305 101ST AVE

BOTHELL, WA 98011-3499

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.142** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BOULDER  
DEPT 1128

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80263-1128

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

**Basis for the claim:**

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

☐ No  
☐ Yes

**2.143** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BOWLING GREEN KENTUCKY  
PO BOX 1410

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOWLING GREEN, KY 42102-1410

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

**Basis for the claim:**

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.144** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BOYNTON BEACH  
100 E BOYNTON BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BEACH, FL 33425

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.145** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BREA  
1 CIVIC CENTER CIRCLE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BREA, CA 92821

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.146** Priority creditor's name and mailing address

CITY OF BREMERTON  
345 SIXTH ST STE 600

BREMERTON, WA 98337-1873

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.147** Priority creditor's name and mailing address

CITY OF BRIDGEPORT  
PO BOX 1310

BRIDGEPORT, WV 26330-6310

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.148** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BRIGHTON  
500 SO 4TH AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BRIGHTON, CO 80601

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.149** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BROCKTON  
45 SCHOOL STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BROCKTON, MA 02301

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.150** Priority creditor's name and mailing address

CITY OF BROCKTON  
45 SCHOOL STREET

BROCKTON, MA 02301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.151** Priority creditor's name and mailing address

CITY OF BROCKTON  
45 SCHOOL STREET

BROCKTON, MA 02301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.152** Priority creditor's name and mailing address

CITY OF BRUNSWICK  
PO BOX 816

BRUNSWIC, OH 44212

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.153** Priority creditor's name and mailing address

CITY OF BUENA PARK  
6650 BEACH BLVD

PARK, CA 90622-5009

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.154** Priority creditor's name and mailing address

CITY OF BUFFALO  
65 NIAGARA SQ ROOM 313

BUFFALO, NY 14202

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.155** Priority creditor's name and mailing address

CITY OF BURBANK  
P O BOX 6459

BURBANK, CA 61510-6459

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.156** Priority creditor's name and mailing address

CITY OF BURIEN  
400 SW 152ND ST SUITE 300

BURIEN, WA 98166

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.157** Priority creditor's name and mailing address

CITY OF BURLINGAME  
501 PRIMROSE RD

BURLINGAME, CA 94011-0191

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.158** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF BURLINGTON  
833 S SPRUCE ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

**2.159** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CALERA  
10947 HIGHWAY 25

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.160** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CALLAWAY  
6601 EAST HWY 22

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CALLAWAY, FL 32404

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.161** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CAMARILLO  
601 CARMEN DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CAMARILLO, CA 93010

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.162** Priority creditor's name and mailing address

CITY OF CAMBRIDGE  
250 FRESH POND PARKWAY

CAMBRIDGE, MA 2138

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.163** Priority creditor's name and mailing address

CITY OF CAMDEN  
PO BOX 7002

CAMDEN, SC 29021

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.164** Priority creditor's name and mailing address

CITY OF CANON CITY  
PO BOX 17946

DENVER, CO 80217-0946

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.165** Priority creditor's name and mailing address

CITY OF CANTON  
151 ELIZABETH STREET

CANTON, GA 30114

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.166** Priority creditor's name and mailing address

CITY OF CAPE GIRARDEAU  
PO BOX 617

CAPE GIRARDEAU, MO 63702-0617

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.167** Priority creditor's name and mailing address

CITY OF CARLSBAD  
1635 FARADAY AVE

CARLSBAD, CA 92008-7314

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.168** Priority creditor's name and mailing address

CITY OF CARPINTERIA  
5775 CARPINTERIA AVE

CARPINTERIA, CA 93013

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.169** Priority creditor's name and mailing address

CITY OF CARROLLTON  
P O BOX 1949

CARROLLTON, GA 30112

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.170** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CENTENNIAL  
PO BOX 17383

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80217-0383

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.171** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CENTER POINT  
P O BOX 9847

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

POINT, AL 35220

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.172** Priority creditor's name and mailing address

CITY OF CENTRAL  
PO BOX 249

CENTRAL CITY, CO 80427

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.173** Priority creditor's name and mailing address

CITY OF CENTRALIA - 609  
PO BOX 609

CENTRALIA, WA 98531

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.174** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CENTRE  
401 EAST MAIN STREET

Check all that apply.

CENTRE, AL 35960

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.175** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CERES CO MUNISERVICES  
BOX 367

Check all that apply.

FRESNO, CA 93710

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.176** Priority creditor's name and mailing address

CITY OF CERRITOS  
PO BOX 3130

CERRITOS, CA 90703-3130

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.177** Priority creditor's name and mailing address

CITY OF CHARLESTON  
915 QUARRIERS ST STE 4

CHARLESTON, WV 25301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.178** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CHARLESTON  
915 QUARRIERS ST STE 4

Check all that apply.

CHARLESTON, WV 25301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.179** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CHERRY HILLS VILLAGE  
2450 EAST QUINCY AVENUE

Check all that apply.

CHERRY HILLS VILLAGE, CO 80113

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.180** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CHICAGO  
POBOX 71429

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHICAGO, IL

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.181** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CHICO  
P O BOX 3420

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHICO, CA 95927

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.182** Priority creditor's name and mailing address

CITY OF CHILDERSBURG  
P O BOX 369

CHILDERSBURG, AL 35044-0369

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.183** Priority creditor's name and mailing address

CITY OF CHILLICOTHE OHIO INCOME TAX DEPT  
PO BOX 45

CHILLICOTHE, OH 45601

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.184** Priority creditor's name and mailing address

CITY OF CHULA VISTA  
276 FOURTH AVE

VISTA, CA 91910

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.185** Priority creditor's name and mailing address

CITY OF CINCINNATI INCOME TAX DIVISION  
PO BOX 637876

CINCINNATI, OH 45263-7876

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.186** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CITRUS HEIGHTS  
6360 FOUNTAIN SQUARE DR

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.187** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CLANTON  
P O BOX 580

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.188** Priority creditor's name and mailing address

CITY OF CLAREMONT  
PO BOX 880 207 HARVARD AVE

CLAREMONT, CA 91711

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.189** Priority creditor's name and mailing address

CITY OF CLEARWATER  
PO BOX 4748

CLEARWATER, FL 33758

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.190** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CLOVIS  
1033 5TH STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CLOVIS, CA 93612

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.191** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COACHELLA  
1515 SIXTH STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

COACHELLA, CA 92236

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.192** Priority creditor's name and mailing address

CITY OF COAL RUN VILLAGE  
105 CHURCH STREET

PIKEVILLE, KY 41501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.193** Priority creditor's name and mailing address

CITY OF COLLEGE PARK  
PO BOX 87137

PARK, GA 30337

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.194** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COLORADO SPRINGS  
DEPT 2408

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80256-0001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.195** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COLORADO SPRINGS - MC225  
PO BOX 1575

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLORADO SPRINGS, CO 80901

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.196** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COLQUITT  
154 WEST STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLQUITT, GA 39837

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.197** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COLUMBIANA  
107 MILDRED STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLUMBIANA, AL 35051

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.198** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COMMERCE CITY  
7887 EAST 60TH AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COMMERCE CITY, CO 80022

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.199** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CONCORD  
1950 PARKSIDE DR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CONCORD, CA 94519

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.200** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF CONWAY  
P O BOX 1075

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.201** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF CORAL SPRINGS  
9551 W SAMPLE RD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.202** Priority creditor's name and mailing address

CITY OF CORBIN  
P O BOX 1343 CORBIN KY 40702

CORBIN, KY 40702

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.203** Priority creditor's name and mailing address

CITY OF CORONA  
8839 N CEDAR AVE 212

FRESNO, CA 93720-1832

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.204** Priority creditor's name and mailing address

CITY OF CORTEZ  
210 EAST MAIN STREET

CORTEZ, CO 81321

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.205** Priority creditor's name and mailing address

CITY OF COSTA MESA  
P O BOX 1200

MESA, CA 92628-1200

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.206** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COUNCIL BLUFFS  
209 PEARL STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BLUFFS, IA 51503-4270

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.207** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF COVINGTON  
PO BOX 1527 PLANNING & ZONING DEPT

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COVINGTON, GA 30015

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.208** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CRYSTAL CITY  
130 MISSISSIPPI AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.209** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF CUDAHY  
5050 S LAKE DRIVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.210** Priority creditor's name and mailing address

CITY OF CULLMAN  
P O BOX 278

CULLMAN, AL 35056-0278

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.211** Priority creditor's name and mailing address

CITY OF CULVER CITY  
9770 CULVER BLVD

CITY, CA 90232

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.212** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF CUPERTINO  
10300 TORRE AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CUPERTINO, CA 95014

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.213** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF DADEVILLE  
265 N BROADNAX ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DADEVILLE, AL 36853

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.214** Priority creditor's name and mailing address

CITY OF DALLAS  
1551 BAYLOR ST SUITE 400

DALLAS, TX

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.215** Priority creditor's name and mailing address

CITY OF DALY CITY  
333 90TH ST

CITY, CA 94015-1808

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.216** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DANVILLE  
17 W MAIN

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DANVILLE, IL 61832

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.217** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DAPHNE  
PO DRAWER 1047

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DAPHNE, AL 36526

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.218** Priority creditor's name and mailing address

CITY OF DAPHNE  
PO DRAWER 1047

\_\_\_\_\_  
DAPHNE, AL 36526

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.219** Priority creditor's name and mailing address

CITY OF DAYTON  
PO BOX 7999

\_\_\_\_\_  
AKRON, OH 44308-0999

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.220** Priority creditor's name and mailing address

CITY OF DAYTONA BEACH  
PO BOX 311

BEACH, FL 32115-0311

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.221** Priority creditor's name and mailing address

CITY OF DECATUR  
PO BOX 830525

BIRMINGHAM, AL 35283-0525

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.222** Priority creditor's name and mailing address

CITY OF DECATUR-BUSINESS LICENSE  
PO BOX 830525

BIRMINGHAM, AL 35283-0525

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.223** Priority creditor's name and mailing address

CITY OF DELANO  
P O BOX 3010

DELANO, CA 93216

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.224** Priority creditor's name and mailing address

CITY OF DELTA  
P O BOX 19

DELTA, CO 81416

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.225** Priority creditor's name and mailing address

CITY OF DES MOINES  
P O BOX 314

SEAHURST, WA 98062

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.226** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DES PLAINES  
1420 MINER STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

PLAINES, IL 60016

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.227** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DESERT HOT SPRINGS  
65950 PIERSON BLVD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SPRINGS, CA 92240

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.228** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DESPLAINES  
1420 MINER STREET 301

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

PLAINES, IL 60016

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.229** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DORA  
1485 SHARON BLVD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

DORA, AL 35062

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.230** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DORAL  
8300 NW 53RD ST 200

Check all that apply.

DORAL, FL 33166

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.231** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DOTHAN  
P O BOX 2128

Check all that apply.

DOTHAN, AL 36302

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.232** Priority creditor's name and mailing address

CITY OF DOUGLASVILLE POBOX 219  
PO BOX 219

DOUGLASVILLE, GA 30133

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.233** Priority creditor's name and mailing address

CITY OF DOVER  
15 E LOOCKERMAN ST

DOVER, DE 19901

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.234** Priority creditor's name and mailing address

CITY OF DOWNEY  
P O BOX 7016

DOWNEY, CA 90241-7016

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.235** Priority creditor's name and mailing address

CITY OF DUARTE  
1600 HUNTINGTON DR

DUARTE, CA 91010

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.236** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DUPONT  
1700 CIVIC DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PONT, WA 98327

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.237** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF DURANGO  
949 2ND AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DURANGO, CO 81301

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.238** Priority creditor's name and mailing address

CITY OF EAST BREWTON  
P O BOX 2010

BREWTON, AL 36427

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.239** Priority creditor's name and mailing address

CITY OF EASTVALE  
12363 LIMONITE AVENUE SUITE 910

EASTVALE, CA 91752

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.240** Priority creditor's name and mailing address

CITY OF EDGEWATER  
2401 SHERIDAN BLVD

EDGEWATER, CO 80214

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.241** Priority creditor's name and mailing address

CITY OF EDGEWOOD  
385 DUDLEY ROAD

EDGEWOOD, KY 41017-2695

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.242** Priority creditor's name and mailing address

CITY OF EL CAJON  
200 CIVIC CENTER WAY

CAJON, CA 92020-3916

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.243** Priority creditor's name and mailing address

CITY OF EL CENTRO  
P O BOX 2069

CENTRO, CA 92244-2328

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.244** Priority creditor's name and mailing address

CITY OF EL MONTE  
11333 VALLEY BLVD

MONTE, CA 91731

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.245** Priority creditor's name and mailing address

CITY OF ELBA  
200 BUFORD ST

ELBA, AL 36323

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.246** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF ELIZABETH CITY  
PO BOX 347

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.247** **Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF ELIZABETHTOWN  
PO BOX 550

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.248** Priority creditor's name and mailing address

CITY OF ELKO  
1751 COLLEGE AVENUE

ELKO, NV 89801

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.249** Priority creditor's name and mailing address

CITY OF ENGLEWOOD  
PO BOX 2900

ENGLEWOOD, CO 80150

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.250** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ENTERPRISE  
PO BOX 311000 REVENUE DEPT

Check all that apply.

ENTERPRISE, AL 36331-1000

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.251** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ESCONDIDO  
201 N BROADWAY

Check all that apply.

ESCONDIDO, CA 92025-2798

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.252** Priority creditor's name and mailing address

CITY OF EUFAULA  
PO BOX 219

EUFAULA, AL 36072-0219

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.253** Priority creditor's name and mailing address

CITY OF EUNICE  
P O BOX 1106

EUNICE, LA 70535

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.254** Priority creditor's name and mailing address

CITY OF EUTAW  
PO BOX 431

EUTAW, AL 35462

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.255** Priority creditor's name and mailing address

CITY OF EVANS  
PO BOX 912324

DENVER, CO 80291-2324

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.256** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF EVERETT  
PO BOX 94430

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SEATTLE, WA 98124-6730

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.257** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FAIRBANKS  
800 CUSHMAN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FAIRBANKS, AK 99701

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.258** Priority creditor's name and mailing address

CITY OF FAIRFAX  
10455 ARMSTRONG STREET

FAIRFAX, VA 22030

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.259** Priority creditor's name and mailing address

CITY OF FAIRHOPE  
PO BOX 429

FAIRHOPE, AL 36533

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.260** Priority creditor's name and mailing address

CITY OF FAIRMONT  
P O BOX 1428

FAIRMONT, WV 26555-1428

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.261** Priority creditor's name and mailing address

CITY OF FAIRVIEW HEIGHTS  
10025 BUNKUM ROAD

HEIGHTS, IL 62208

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.262** Priority creditor's name and mailing address

CITY OF FALLON  
55 W WILLIAMS AVE

FALLON, NV 89406

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.263** Priority creditor's name and mailing address

CITY OF FARMINGTON  
800 MUNICIPAL DRIVE

FARMINGTON, NM 87401

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.264** Priority creditor's name and mailing address

CITY OF FEDERAL HEIGHTS  
2380 W 90TH AVENUE

FEDERAL HEIGHTS, CO 80260

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.265** Priority creditor's name and mailing address

CITY OF FLINT INCOME TAX DIVISION  
PO BOX 529

EATON RAPIDS, MI 48827-0529

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.266** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FLORENCE  
P O BOX 1327

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FLORENCE, KY 41022-1327

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.267** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FLORENCE  
P O BOX 1327

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FLORENCE, KY 41022-1327

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.268** Priority creditor's name and mailing address

CITY OF FLORENCE  
P O BOX 1327

FLORENCE, KY 41022-1327

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.269** Priority creditor's name and mailing address

CITY OF FLORISSANT  
955 RUE ST

FLORISSANT, MO 63031

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.270** Priority creditor's name and mailing address

CITY OF FOLEY  
P O DRAWER 1750

FOLEY, AL 36536

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.271** Priority creditor's name and mailing address

CITY OF FONTANA  
8353 SIERRA AVENUE

FONTANA, CA 92335-3528

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.272** Priority creditor's name and mailing address

CITY OF FORT COLLINS  
PO BOX 440

FORT COLLINS, CO 80522-0440

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.273** Priority creditor's name and mailing address

CITY OF FORT MYERS  
PODRAWER 2465

FORT MYERS, FL 33902

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.274** Priority creditor's name and mailing address

CITY OF FORT PAYNE  
100 ALABAMA AVENUE NW

PAYNE, AL 35967

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.275** Priority creditor's name and mailing address

CITY OF FORT PIERCE  
P O BOX 1480

PIERCE, FL 34954-1480

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.276** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FOUNTAIN VALLEY  
10200 SLATER AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

VALLEY, CA 92708

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.277** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FRANKFORT KY  
PO BOX 697

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

FRANKFORT, KY 40602

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.278** Priority creditor's name and mailing address

CITY OF FRANKLIN VIRGINIA  
P O BOX 389

FRANKLIN, VA 23851

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.279** Priority creditor's name and mailing address

CITY OF FT LAUDERDALE  
100 N ANDREWS AVENUE

LAUDERDALE, FL 33302

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.280** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FT MYERS  
1825 HENDRY ST STE 101

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MYERS, FL 33901

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.281** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF FULLERTON  
303 W COMMONWEALTH AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

FULLERTON, CA 92832

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.282** Priority creditor's name and mailing address

CITY OF FULTONDALE  
P O BOX 699

FULTONDALE, AL 35068

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.283** Priority creditor's name and mailing address

CITY OF GADSDEN  
P O BOX 267

GADSDEN, AL 35902-0267

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.284** Priority creditor's name and mailing address

CITY OF GAINESVILLE  
BOX 2496

GAINESVILLE, GA 30503

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.285** Priority creditor's name and mailing address

CITY OF GARDENA  
1700 WEST 162ND STREET

GARDENA, CA 90247

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.286** Priority creditor's name and mailing address

CITY OF GARDENDALE  
P O BOX 889

GARDENDALE, AL 35071

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.287** Priority creditor's name and mailing address

CITY OF GENEVA  
P O BOX 37

GENEVA, AL 36340

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.288** Priority creditor's name and mailing address

CITY OF GEORGETOWN  
PO DRAWER 939

GEORGETOWN, SC 29442

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.289** Priority creditor's name and mailing address

CITY OF GEORGIANA  
P O BOX 310

GEORGIANA, AL 36033

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.290** Priority creditor's name and mailing address

CITY OF GLASGOW  
PO BOX 278

GLASGOW, KY 42142-0278

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.291** Priority creditor's name and mailing address

CITY OF GLENDALE  
633 E BROADWAY RM 101

GLENDALE, CA 91206

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.292** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF GLENWOOD SPRINGS  
101 W 8TH STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GLENWOOD SPRINGS, CO 81601-

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.293** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF GOLDEN  
PO BOX 5885

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80217

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.294** Priority creditor's name and mailing address

CITY OF GOLDSBORO  
P O DRAWER A

GOLDSBORO, NC 27533

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.295** Priority creditor's name and mailing address

CITY OF GRAND FORKS  
P O BOX 5200

FORKS, ND 58206-5200

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.296** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF GRAND JUNCTION  
PO BOX 1809

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.297** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF GRASS VALLEY  
8839 N CEDAR AVE 212

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.298** Priority creditor's name and mailing address

CITY OF GRAYSON  
302 E MAIN ST

GRAYSON, KY 41143

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.299** Priority creditor's name and mailing address

CITY OF GRAYSVILLE  
P O BOX 130

GRAYSVILLE, AL 35073

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.300** Priority creditor's name and mailing address

CITY OF GREELEY  
PO BOX 1648

GREELEY, CO 80632

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.301** Priority creditor's name and mailing address

CITY OF GREENFIELD  
599 EL CAMINO REAL

GREENFIELD, CA 93927

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.302** Priority creditor's name and mailing address

CITY OF GREENSBORO  
PODRAWER 77

GREENSBORO, AL 36744

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.303** Priority creditor's name and mailing address

CITY OF GREENVILLE  
PO BOX 2207

GREENVILLE, SC 29602

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.304** Priority creditor's name and mailing address

CITY OF GREENWOOD  
P O BOX 40

GREENWOOD, SC 29648

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.305** Priority creditor's name and mailing address

CITY OF GREENWOOD VILLAGE  
PO BOX 910841

DENVER, CO 80274

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.306** Priority creditor's name and mailing address

CITY OF GULF SHORES  
PO BOX 4089

GULF SHORES, AL 36547

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.307** Priority creditor's name and mailing address

CITY OF GULFPORT  
1410 24TH AVENUE

GULFPORT, MS 39501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.308** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF GUNTERSVILLE  
341 GUNTER AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GUNTERSVILLE, AL 35976

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.309** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF HACKENSACK DEPT OF HEALTH  
215 STATE STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

HACKENSACK, NJ 07601

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.310** Priority creditor's name and mailing address

CITY OF HAMILTON  
223 S 2ND STREET

HAMILTON, MT 59840

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.311** Priority creditor's name and mailing address

CITY OF HANAHAN  
1255 YEAMANS HALL ROAD

HANAHAN, SC 29410

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.312** Priority creditor's name and mailing address

CITY OF HANCEVILLE  
112 MAIN STREET SE

HANCEVILLE, AL 35077

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.313** Priority creditor's name and mailing address

CITY OF HANFORD  
315 N DOUTY

HANFORD, CA 93230

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.314** Priority creditor's name and mailing address

CITY OF HARTSELLE  
PO BOX 2028

DECATUR, AL 35602

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.315** Priority creditor's name and mailing address

CITY OF HARTSELLE  
PO BOX 2028

DECATUR, AL 35602

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.316** Priority creditor's name and mailing address

CITY OF HAWTHORNE  
4455 W 126TH STREET

HAWTHORNE, CA 90250

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.317** Priority creditor's name and mailing address

CITY OF HAYWARD  
777 B STREET

HAYWARD, CA 94541

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.318** Priority creditor's name and mailing address

CITY OF HEALDSBURG  
401 GROVE STREET

HEALDSBURG, CA 95448-4723

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.319** Priority creditor's name and mailing address

CITY OF HEATH INCOME TAX DEPT  
1287 HEBRON ROAD

HEATH, OH 43056

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.320** Priority creditor's name and mailing address

CITY OF HEFLIN  
P O BOX 128

HEFLIN, AL 36264

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.321** Priority creditor's name and mailing address

CITY OF HELENA  
P O BOX 613

HELENA, AL 35080

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.322** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF HELENA  
P O BOX 613

Check all that apply.

HELENA, AL 35080

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.323** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF HEMET  
445 EAST FLORIDA AVE

Check all that apply.

HEMET, CA 92543

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.324** Priority creditor's name and mailing address

CITY OF HENAGAR  
P O BOX 39

HENAGAR, AL 35978

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.325** Priority creditor's name and mailing address

CITY OF HENDERSON  
240 S WATER STREET

HENDERSON, NV 89015

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.326** Priority creditor's name and mailing address

CITY OF HENDERSON  
240 S WATER STREET

HENDERSON, NV 89015

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.327** Priority creditor's name and mailing address

CITY OF HIALEAH  
PO BOX 918661

ORLANDO, FL 32891-8661

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.328** Priority creditor's name and mailing address

CITY OF HILLSBORO  
3980 RHODES AVENUE

NEW BOSTO, OH 45662

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.329** Priority creditor's name and mailing address

CITY OF HOLLISTER  
375 FIFTH STREET

HOLLISTER, CA 95023-3876

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.330** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF HOLLYWOOD  
2600 HOLLYWOOD BLVD ROOM 103

Check all that apply.

HOLLYWOOD, FL 33020

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.331** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF HOLTVILLE  
121 W 5TH STREET

Check all that apply.

HOLTVILLE, CA 92250

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.332** Priority creditor's name and mailing address

CITY OF HOLYOKE  
20 KOREAN VETERANS PLAZA

HOLYOKE, MA 01040

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.333** Priority creditor's name and mailing address

CITY OF HOMEWOOD  
PO BOX 59666

HOMEWOOD, AL 35259

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.334** Priority creditor's name and mailing address

CITY OF HOOVER  
P O BOX 11407

BIRMINGHAM, AL 35246-0144

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.335** Priority creditor's name and mailing address

CITY OF HOOVER  
P O BOX 11407

BIRMINGHAM, AL 35246-0144

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.336** Priority creditor's name and mailing address

CITY OF HOPKINSVILLE  
PO BOX 707

HOPKINSVILLE, KY 42241

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.337** Priority creditor's name and mailing address

CITY OF HOQUIAM  
609 8TH STREET

HOQUIAM, WA 98550

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.338** Priority creditor's name and mailing address

CITY OF HOT SPRINGS  
P O BOX 6300

SPRINGS, AR 71902

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.339** Priority creditor's name and mailing address

CITY OF HOUSTON  
PO BOX 2688

HOUSTON, TX 77252

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.340** Priority creditor's name and mailing address

CITY OF HUEYTOWN  
PO BOX 3650

HUEYTOWN, AL 35023-0078

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.341** Priority creditor's name and mailing address

CITY OF HUEYTOWN  
PO BOX 3650

HUEYTOWN, AL 35023-0078

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.342** Priority creditor's name and mailing address

CITY OF HUNTINGTON  
P O BOX 1659

HUNTINGTON, WV 25717-1659

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.343** Priority creditor's name and mailing address

CITY OF IMPERIAL  
420 S IMPERIAL BLVD

IMPERIAL, CA 92251

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.344** Priority creditor's name and mailing address

CITY OF INDEPENDENCE MO  
111 E MAPLE

INDEPENDENCE, MO 64051-0519

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.345** Priority creditor's name and mailing address

CITY OF INMAN  
20 S MAIN STREET

INMAN, SC 29349

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.346** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF INVERNESS  
212 W MAIN ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

INVERNESS, FL 34450

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.347** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ISLE OF PALMS  
PO DRAWER 508

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PALMS, SC 29451

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.348** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ISSAQUAH  
PO BOX 1307

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ISSAQUAH, WA 98027

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.349** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF JACKSON  
PO BOX 1096

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, AL 36545

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.350** Priority creditor's name and mailing address

CITY OF JACKSON INCOME TAX DIVISION  
161 W MICHIGAN AVE

JACKSON, MI 49201

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.351** Priority creditor's name and mailing address

CITY OF JACKSONVILLE  
320 CHURCH AVE SE

JACKSONVILLE, AL 36265-2651

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.352** Priority creditor's name and mailing address

CITY OF JASPER  
PO BOX 2131

JASPER, AL 35502-2131

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.353** Priority creditor's name and mailing address

CITY OF JEMISON  
P O BOX 609

JEMISON, AL 35085-0609

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.354** Priority creditor's name and mailing address

CITY OF JERSEY CITY  
382 MARTIN LUTHER KING DRIVE

CITY, NJ 07305

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.355** Priority creditor's name and mailing address

CITY OF JESUP  
P O BOX 427 CITY TREASURER

JESUP, GA 31598

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.356** Priority creditor's name and mailing address

CITY OF JOLIET  
150 WEST JEFFERSON STREET

JOLIET, IL 60432

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.357** Priority creditor's name and mailing address

CITY OF JOPLIN  
602 S MAIN ST

JOPLIN, MO 64801

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.358** Priority creditor's name and mailing address

CITY OF KANSAS CITY  
PO BOX 843956

CITY, MO 64184-3956

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.359** Priority creditor's name and mailing address

CITY OF KANSAS CITY MISSOURI REVENUE  
DIVISION  
PO BOX 843322

KANSAS CITY, MO 64184-3322

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.360** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF KENT  
220 4TH AVENUE SOUTH

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.361** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF KENT B&O TAX  
PO BOX 84665

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.362** Priority creditor's name and mailing address

CITY OF KENTON  
PO BOX 490

XENIA OH, OH 45385-0490

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.363** Priority creditor's name and mailing address

CITY OF KEY WEST  
P O BOX 1409

WEST, FL 33040

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.364** Priority creditor's name and mailing address

CITY OF KEYSER  
111 N DAVIS ST

KEYSER, WV 26726

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.365** Priority creditor's name and mailing address

CITY OF KINGSPORT  
225 W CENTER STREET

KINGSPORT, TN 37660-4237

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.366** Priority creditor's name and mailing address

CITY OF LA FALSE ALARMS  
P O BOX 30879

ANGELES, CA 90030-0879

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.367** Priority creditor's name and mailing address

CITY OF LA JUNTA  
PO BOX 489

LAJUNTA, CO 81050

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.368** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LA MIRADA  
P0 BOX 828

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MIRADA, CA 90637-0828

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.369** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LA VERNE  
3660 "D" STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

VERNE, CA 91750

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.370** Priority creditor's name and mailing address

CITY OF LACEY  
420 COLLEGE ST SE

LACEY, WA 98503-1238

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.371** Priority creditor's name and mailing address

CITY OF LAFAYETTE  
1290 S PUBLICROAD

LAFAYETTE, CO 80026

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.372** Priority creditor's name and mailing address

CITY OF LAFAYETTE  
1290 S PUBLICROAD

LAFAYETTE, CO 80026

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.373** Priority creditor's name and mailing address

CITY OF LAGRANGE  
307 W JEFFERSON ST

GRANGE, KY 40031

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.374** Priority creditor's name and mailing address

CITY OF LAKE CITY  
PO BOX 1329

CITY, SC 29560

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.375** Priority creditor's name and mailing address

CITY OF LAKELAND  
228 SOUTH MASSACHUSETTS AVENUE

LAKELAND, FL 33801-5012

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.376** Priority creditor's name and mailing address

CITY OF LAKEPORT  
225 PARK STREET

LAKEPORT, CA 95453

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.377** Priority creditor's name and mailing address

CITY OF LAKEWOOD  
PO BOX 220

LAKEWOOD, CA 90714-0220

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.378** Priority creditor's name and mailing address

CITY OF LAKEWOOD  
PO BOX 220

LAKEWOOD, CA 90714-0220

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.379** Priority creditor's name and mailing address

CITY OF LAMAR  
102 E PARMENTER

LAMAR, CO 81052

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.380</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LANCASTER OHIO INCOME TAX DEPT PO BOX 128  LANCASTER, OH 43130  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.381</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LANETT PO BOX 290  LANETT, AL 36863  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.382** Priority creditor's name and mailing address

CITY OF LANSING INCOME TAX DEPARTMENT  
124 W MICHIGAN AVE RM G-29

LANSING, MI 48933-1697

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.383** Priority creditor's name and mailing address

CITY OF LARGO  
PO BOX 296

LARGO, FL 33779

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.384** Priority creditor's name and mailing address

CITY OF LAS VEGAS  
PO BOX 748018

ANGELES, CA 90074-8018

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.385** Priority creditor's name and mailing address

CITY OF LEBANON  
200 CASTLE HEIGHTS AVENUE NORTH

LEBANON, TN 37087

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.386** Priority creditor's name and mailing address

CITY OF LEEDS  
1040 PARK DRIVE

LEEDS, AL 35094

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.387** Priority creditor's name and mailing address

CITY OF LEESBURG  
PO BOX 490630

LEESBURG, FL 34749-0630

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.388** Priority creditor's name and mailing address

CITY OF LEMON GROVE  
3232 MAIN STREET

GROVE, CA 91945

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.389** Priority creditor's name and mailing address

CITY OF LEMOORE  
119 FOX STREET

LEMOORE, CA 93245

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.390** Priority creditor's name and mailing address

CITY OF LEWISTON  
215 "D" ST BUSINESS LICENSING

LEWISTON, ID 83501

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.391** Priority creditor's name and mailing address

CITY OF LIBERTY  
PO BOX 716

LIBERTY, SC 29657-0716

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.392** Priority creditor's name and mailing address

CITY OF LINCOLN CITY  
PO BOX 50

CITY, OR 97367-0050

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.393** Priority creditor's name and mailing address

CITY OF LINDEN  
211 N MAIN STREET

LINDEN, AL 36748

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.394</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LINEVILLE P O BOX 247  LINEVILLE, AL 36266-0247  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u> \$ <u>UNDETERMINED</u>

		Total Claim	Priority
<b>2.395</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LITTLE ROCK 500 WEST MARKHAN ST SUITE 100  ROCK, AR 72201-1497  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u> \$ <u>UNDETERMINED</u>

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.396** Priority creditor's name and mailing address

CITY OF LITTLETON  
PO BOX 1305

ENGLEWOOD, CO 80150-1305

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.397** Priority creditor's name and mailing address

CITY OF LIVINGSTON  
PODRAWER W

LIVINGSTON, AL 35470

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.398** Priority creditor's name and mailing address

CITY OF LONE TREE  
PO BOX 17987

DENVER, CO 80217

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.399** Priority creditor's name and mailing address

CITY OF LONG BEACH  
333 W OCEAN BLVD

LONG BEACH, CA 90802

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.400** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LONGMONT  
CIVIC CENTERCOMPLEX

LONGMONT, CO 80501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.401** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LONGVIEW FINANCE DEPT  
PO BOX 128

LONGVIEW, WA 98632

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.402** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LORAIN  
605 WEST 4TH STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

LORAIN, OH 44052

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.403** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LORIS  
PO BOX 548

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

LORIS, SC 29569-0548

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.404</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LOS ANGELES 200 N SPRING ST RM 967 CTY HAL  LOS ANGELES, CA 90012  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.405</b>	<b>Priority creditor's name and mailing address</b>  CITY OF LOVELAND PO BOX 845  LOVELAND, CO 80539  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 8 )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.406** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF LYNNWOOD  
19100 44TH AVE W

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

**2.407** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF MADISON  
P O BOX 99

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.408** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MADISON  
P O BOX 99

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MADISON, AL 35758

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.409** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MADISON INSPECTION UNIT  
PO BOX 2984

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MADISON, WI 53701

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.410** Priority creditor's name and mailing address

CITY OF MANASSAS PARK  
ONE PARK CENTER COURT

PARK, VA 20111-2395

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.411** Priority creditor's name and mailing address

CITY OF MANHATTAN BEACH  
1400 HIGHLAND AVENUE

BEACH, CA 90266

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.412** Priority creditor's name and mailing address

CITY OF MANSFIELD OHIO INCOME TAX DEPT  
PO BOX 577

MANSFIELD, OH 44901

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.413** Priority creditor's name and mailing address

CITY OF MARICOPA  
PO BOX 550

MARICOPA, CA 93252

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.414** Priority creditor's name and mailing address

CITY OF MARIETTA  
301 PUTNAM STREET

MARIETTA, OH 45750

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.415** Priority creditor's name and mailing address

CITY OF MARION AL  
P O DRAWER 959

MARION, AL 36756

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.416** Priority creditor's name and mailing address

CITY OF MARKSVILLE  
427 N WASHINGTON ST CITY HALL

MARKSVILLE, LA 71351

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.417** Priority creditor's name and mailing address

CITY OF MARTINEZ  
8839 N CEDAR AVE 212

FRESNO, CA 93720-1832

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.418** Priority creditor's name and mailing address

CITY OF MARY ESTHER  
195 CHRISTOBAL ROAD N

ESTHER, FL 32569

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.419** Priority creditor's name and mailing address

CITY OF MASSILLON  
PO BOX 490

XENIA, OH 45385-0490

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.420** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MAULDIN  
P O BOX 249

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MAULDIN, SC 29662

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.421** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MAYWOOD  
4319 EAST SLAUSON

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MAYWOOD, CA 90270

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.422** Priority creditor's name and mailing address

CITY OF MCALLEN  
P O BOX 220

MCALLEN, TX 78501-0220

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.423** Priority creditor's name and mailing address

CITY OF MCMECHEN  
325 LOGAN STREET

MECHEN, WV 26040

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.424** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MELBOURNE  
900 E STRAWBRIDGE AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MELBOURNE, FL 32901

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.425** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF MERCED  
678 W 18TH STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MERCED, CA 95340

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.426** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MERIDIAN  
P O BOX 1430

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MERIDIAN, MS 39302

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.427** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MIAMI  
P O BOX 105206

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ATLANTA, GA 30348-5206

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.428**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF MIAMI - CUSTOMER SERVICES  
444 SW 2ND AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MIAMI, FL 33130

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.429**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

CITY OF MIDDLETON OHIO INCOME TAX DEPT  
PO BOX 428739

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MIDDLETON, OH 45042

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of account number**

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.430** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MILLBRAE  
621 MAGNOLIA AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MILLBRAE, CA 94030

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.431** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF MOBILE  
PO BOX 11407

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BIRMINGHAM, AL 35246-1530

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.432** Priority creditor's name and mailing address

CITY OF MODESTO  
P O BOX 3442

MODESTO, CA 95353-3442

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.433** Priority creditor's name and mailing address

CITY OF MOLINE  
619 16TH STREET

MOLINE, IL 61265

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.434** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONROE INCOME TAX DEPARTMENT  
PO BOX 629

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONROE, OH 45050

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.435** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONROEVILLE  
P O BOX 147

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONROEVILLE, AL 36461

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.436** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONROVIA  
415 S IVY AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONROVIA, CA 91016

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.437** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONTCLAIR  
PO BOX 2308

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONTCLAIR, CA 91763

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.438** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONTEBELLO  
1600 W BEVERLY BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONTEBELLO, CA 90640

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.439** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONTEREY  
735 PACIFIC ST STE A

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONTEREY, CA 93940

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.440** Priority creditor's name and mailing address

CITY OF MONTEREY PARK  
320 WEST NEWMARK AVE

PARK, CA 91754

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.441** Priority creditor's name and mailing address

CITY OF MONTEVALLO  
541 MAIN STREET

MONTEVALLO, AL 35115

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.442** Priority creditor's name and mailing address

CITY OF MONTGOMERY  
PO BOX 830469

BIRMINGHAM, AL 35283

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.443** Priority creditor's name and mailing address

CITY OF MONTGOMERY  
PO BOX 830469

BIRMINGHAM, AL 35283

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.444** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MONTROSE  
PO BOX 790

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MONTROSE, CO 81402-0790

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.445** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOODY  
670 PARK AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MOODY, AL 35004

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.446** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOORPARK  
799 MOORPARK AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MOORPARK, CA 93021

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.447** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MORENO VALLEY  
P O BOX 88005

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

VALLEY, CA 92552

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.448** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MORGANTOWN  
389 SPRUCE ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MORGANTOWN, WV 26505

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.449** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MORROW  
1500 MORROW RD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MORROW, GA 30260

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.450** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOUNT VERNON  
3 NORTH GAY STREET SUITE A

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MOUNT VERNON, OH 43050-3213

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.451** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOUNTAIN BROOK  
56 CHURCH STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BROOK, AL 35213

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.452** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOUNTAIN BROOK  
56 CHURCH STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BROOK, AL 35213

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.453** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF MOUNTAIN VIEW  
P O BOX 7540

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VIEW, CA 94039-7540

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.454** Priority creditor's name and mailing address

CITY OF MYRTLE BEACH  
PO BOX 2468

BEACH, SC 29578

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.455** Priority creditor's name and mailing address

CITY OF NAPLES FINANCE DEPARTMENT  
735 8TH STREET SOUTH

NAPLES, FL 34102

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.456** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF NEEDLES  
817 3RD STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

NEEDLES, CA 92363

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.457** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF NEVADA CITY  
317 BROAD ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CITY, CA 95959

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.458** Priority creditor's name and mailing address

CITY OF NEW BOSTON  
3980 RHODES AVENUE

NEW BOSTO, OH 45662

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.459** Priority creditor's name and mailing address

CITY OF NEW ELLENTON  
P O BOX 459

ELLENTON, SC 29809

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.460** Priority creditor's name and mailing address

CITY OF NEW HOPE  
P O BOX 419

HOPE, AL 35760

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.461** Priority creditor's name and mailing address

CITY OF NEW ORLEANS  
PO BOX 61840

NEW ORLEANS, LA 70161

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.462** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF NEWARK  
37101 NEWARK BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NEWARK, CA 94560-3796

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.463** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF NILES  
34 W STATE ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NILES, OH 44446

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.464** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF NITRO  
20TH STREET & 2ND AVE

Check all that apply.

NITRO, WV 25143

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.465** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF NORMANDY PARK  
801 SW 174TH STREET

Check all that apply.

POULSBO, WA 98166-3679

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.466** Priority creditor's name and mailing address

CITY OF NORTH AUGUSTA  
P O BOX 6400

AUGUSTA, SC 29861-6400

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.467** Priority creditor's name and mailing address

CITY OF NORTH CANTON  
PO BOX 490

XENI, OH 45385-0490

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.468** Priority creditor's name and mailing address

CITY OF NORTH LITTLE ROCK  
PO BOX 5757

NORTH LITTLE ROCK, AR

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.469** Priority creditor's name and mailing address

CITY OF NORTH MYRTLE BEACH  
1018 SECOND AVENUE SOUTH

BEACH, SC 29582

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.470** Priority creditor's name and mailing address

CITY OF NORTHGLENN  
PO BOX 5305

DENVER, CO 80217

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.471** Priority creditor's name and mailing address

CITY OF NORTHPORT  
P O BOX 569

NORTHPORT, AL 35476

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.472** Priority creditor's name and mailing address

CITY OF NORTHPORT - TAX DIVISION  
PO DRAWER 569

NORTHPORT, AL 35476

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.473** Priority creditor's name and mailing address

CITY OF OAK HARBOR  
865 SE BARRINGTON DRIVE

HARBOR, WA 98277-4092

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.474** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF OAKDALE  
280 N THIRD AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

OAKDALE, CA 95361

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.475** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF OAKLAND  
250 FRANK H OGAWA PLAZA 1320

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

OAKLAND, CA 94612

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.476** Priority creditor's name and mailing address

CITY OF OCALA  
PO BOX 1270

OCALA, FL 34478

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.477** Priority creditor's name and mailing address

CITY OF OCEANSIDE  
300 N COAST HIGHWAY

OCEANSIDE, CA 92054

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.478** Priority creditor's name and mailing address

CITY OF OCONOMOWOC  
P O BOX 27

OCONOMOWOC, WI 53066

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.479** Priority creditor's name and mailing address

CITY OF ONEONTA  
202 3RD AVE E

ONEONTA, AL 35121

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.480** Priority creditor's name and mailing address

CITY OF ONTARIO  
302 EAST "B" STREET

ONTARIO, CA 91762-8790

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.481** Priority creditor's name and mailing address

CITY OF OPELIKA-REVENUE  
PO BOX 390

OPELIKA, AL 36803-0390

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.482** Priority creditor's name and mailing address

CITY OF OPELOUSAS  
PO BOX 1879

OPELOUSAS, LA 70571-1879

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.483** Priority creditor's name and mailing address

CITY OF OPP  
P O BOX 610

OPP, AL 36467

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.484** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ORANGE  
BUSINESS LICENSE DIVISION 300 E CHAPMAN  
AVENUE

ORANGE, CA 92866

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.485** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ORANGE BEACH  
P O BOX 1159

BEACH, AL 36561

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.486** Priority creditor's name and mailing address

CITY OF ORANGE BEACH  
P O BOX 1159

BEACH, AL 36561

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.487** Priority creditor's name and mailing address

CITY OF ORANGE CITY  
205 E GRAVES AVE

ORANGE CITY, FL 32763

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.488</b>	<b>Priority creditor's name and mailing address</b>		
	<b>As of the petition filing date, the claim is:</b>		
	CITY OF OREGON	\$	UNDETERMINED
	PO BOX 490		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

		Total Claim	Priority
<b>2.489</b>	<b>Priority creditor's name and mailing address</b>		
	<b>As of the petition filing date, the claim is:</b>		
	CITY OF ORLANDO	\$	UNDETERMINED
	400 S ORANGE AVE		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.490** Priority creditor's name and mailing address

CITY OF OVIEDO  
400 ALEXANDRIA BLVD

OVIEDO, FL 32765

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.491** Priority creditor's name and mailing address

CITY OF OWENSBORO  
PO BOX 10008

OWENSBOR, OH 42302

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.492** Priority creditor's name and mailing address

CITY OF OZARK  
P O BOX 1987

OZARK, AL 36361

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.493** Priority creditor's name and mailing address

CITY OF PADUCAH  
PO BOX 2697

PADUCAH, KY 42002-2697

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.494** Priority creditor's name and mailing address

CITY OF PALM BEACH GARDENS  
10500 N MILITARY TRAIL

GARDENS, FL 33410

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.495** Priority creditor's name and mailing address

CITY OF PALM DESERT  
73-510 FRED WARING DRIVE

DESERT, CA 92260-2578

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.496</b>	<b>Priority creditor's name and mailing address</b>  CITY OF PALMDALE 38250 SIERRA HWY  PALMDALE, CA 93550  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.497</b>	<b>Priority creditor's name and mailing address</b>  CITY OF PANAMA CITY PO BOX 1880  PANAMA CITY, FL 32402  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.498** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PARKERSBURG  
P O BOX 1627

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.499** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PASADENA  
100 N GARFIELD AVE RM N123

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.500** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF PASADENA FIRE DEPT PREVENTION  
215 N MARENGO AVE SUITE 195

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PASADENA, CA 91101-1530

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

- ☐ No  
☐ Yes

**2.501** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF PELHAM  
P O BOX 1238

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PELHAM, AL 35124

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
SALES TAX

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.502** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PELHAM  
P O BOX 1238

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PELHAM, AL 35124

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.503** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PELL CITY  
1905 FIRST AVE N

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, AL 35125

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.504** Priority creditor's name and mailing address

CITY OF PELL CITY  
1905 FIRST AVE N

CITY, AL 35125

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.505** Priority creditor's name and mailing address

CITY OF PEMBROKE PINES  
601 CITY CENTER WAY 4TH FLOOR

PINES, FL 33025

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.506** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PETALUMA  
P O BOX 61

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PETALUMA, CA 94953-6011

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.507** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PETERSBURG  
PO BOX 669

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PETERSBURG, WV 26847

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.508** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PHENIX CITY  
601 12TH STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, AL 36867

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.509** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PHILADELPHIA  
POBOX 1942

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHILADELPHIA, PA

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.510** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF PHILADELPHIA  
POBOX 1942

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHILADELPHIA, PA

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.511** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF PIEDMONT  
PO BOX 112

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PIEDMONT, AL 36272

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.512** Priority creditor's name and mailing address

CITY OF PIEDMONT  
PO BOX 112

PIEDMONT, AL 36272

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.513** Priority creditor's name and mailing address

CITY OF PINOLE  
2131 PEAR STREET

PINOLE, CA 94564

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.514** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PIQUA OHIO INCOME TAX DEPT  
201 WEST WATER ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PIQUA, OH 45356

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

**2.515** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PLEASANT GROVE  
501 PARK ROAD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GROVE, AL 35127

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.516** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PLEASANT HILL  
100 GREGORY LANE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

HILL, CA 94523-3323

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.517** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PLEASANTON  
P O BOX 520

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

PLEASANTON, CA 94566-0802

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.518** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF POMONA  
PO BOX 660

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

POMONA, CA 91769

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.519** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PORT TOWNSEND  
250 MADISON STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TOWNSEND, WA 98368

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.520** Priority creditor's name and mailing address

CITY OF PRATTVILLE  
PO BOX 680190

PRATTVILLE, AL 36068

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.521** Priority creditor's name and mailing address

CITY OF PUEBLO  
200 S MAIN

PUEBLO, CO 81003

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.522** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PUEBLO  
200 S MAIN

Check all that apply.

PUEBLO, CO 81003

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.523** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF PUYALLUP  
P O BOX 314

Check all that apply.

SEAHURST, WA 98062

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.524** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF QUINCY  
730 MAINE ST

Check all that apply.

QUINCY, IL 62301

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

**2.525** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RADFORD TREASURER  
619 SECOND ST RM 161

Check all that apply.

RADFORD, VA 24141

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.526** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RAINSVILLE  
P O BOX 309

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RAINSVILLE, AL 35986

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.527** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RALEIGH  
PO BOX 590

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RALEIGH, NC 27602-0590

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.528** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RANCHO CUCAMONGA  
10500 CIVIC CENTER DR

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.529** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RAYMOND  
230 SECOND ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.530** Priority creditor's name and mailing address

CITY OF RED BAY  
P O BOX 2002

BAY, AL 35582

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.531** Priority creditor's name and mailing address

CITY OF REDLANDS  
P O BOX 3005

REDLANDS, CA 92373

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.532** Priority creditor's name and mailing address

CITY OF REDWOOD CITY  
P O BOX 3629

REDWOOD CITY, CA 94064

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.533** Priority creditor's name and mailing address

CITY OF RIALTO  
150 S PALM AVENUE

RIALTO, CA 92376

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.534** Priority creditor's name and mailing address

CITY OF RICHMOND FINANCE DEPT  
PO BOX 4046

RICHMOND, CA 94804

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.535** Priority creditor's name and mailing address

CITY OF RIPON  
259 N WILMA AVE

RIPON, CA 95366

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.536** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RIPON  
259 N WILMA AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

RIPON, CA 95366

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.537** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RIVERSIDE  
3900 MAIN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

RIVERSIDE, CA 92522

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.538** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROANOKE  
PO BOX 1270

Check all that apply.

ROANOKE, AL 36274

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.539** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROBERTSDALE  
PO BOX 429

Check all that apply.

ROBERTSDALE, AL 36567

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.540** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROCK HILL  
PO BOX 11706

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROCK HILL, SC 29731

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.541** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROCK HILL  
PO BOX 11706

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROCK HILL, SC 29731

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.542** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROMNEY  
340 E MAIN ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ROMNEY, WV 26757

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.543** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ROSEVILLE  
8839 N CEDAR AVE 212

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ROSEVILLE, CA 93720-1832

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.544** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RUSSELL SPRINGS  
P O BOX 247

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SPRINGS, KY 42642

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.545** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RUSSELLVILLE  
203 SOUTH COMMERCE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RUSSELLVILLE, AR 72801

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.546** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF RUSSELLVILLE  
203 SOUTH COMMERCE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RUSSELLVILLE, AR 72801

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.547** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SACRAMENTO  
9151 STREET ROOM 1214

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SACRAMENTO, CA 95614

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.548** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SAINT GEORGE  
175 EAST 200 NORTH ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GEORGE, UT 84770

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.549** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SAINT JOSEPH  
1100 FREDERICK AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

JOSEPH, MO 64501

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.550** Priority creditor's name and mailing address

CITY OF SAINT PAUL  
375 JACKSON STREET SUITE 220

PAUL, MN 55101-1806

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.551** Priority creditor's name and mailing address

CITY OF SALINAS  
P O BOX 1996

SALINAS, CA 93902

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.552** Priority creditor's name and mailing address

CITY OF SAN ANTONIO  
315 S SANTA ROSA

SAN ANTONIO, TX 78207

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.553** Priority creditor's name and mailing address

CITY OF SAN BRUNO  
567 EL CAMINO

BRUNO, CA 94066

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.554** Priority creditor's name and mailing address

CITY OF SAN CARLOS  
600 ELM STREET

CARLOS, CA 94070

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.555** Priority creditor's name and mailing address

CITY OF SAN CLEMENTE  
910 CALLE NEGOCIO STE 100

CLEMENTE, CA 92673-6268

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.556** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF SAN FRANCISCO  
PO BOX 7425

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRANCISCO, CA 94120-7425

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes

**2.557** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF SAN JOAQUIN  
21900 W COLORADO AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JOAQUIN, CA 93660

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.558** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SAN JOSE  
PO BOX 39000 DEPT 34370

Check all that apply.

FRANCISCO, CA 94139-0001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.559** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SAN JUAN CAPISTRANO  
32400 PASEO ADELANTO

Check all that apply.

CAPISTRANO, CA 92675

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.560** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SAN MARINO  
2200 HUNTINGTON DR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MARINO, CA 91108-2639

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.561** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SANTA ANA  
P O BOX 1964

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ANA, CA 92702-1964

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.562** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SANTA BARBARA  
PO BOX 539

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SANTA BARBARA, CA 93102

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.563** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SANTA FE  
P O BOX 909

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FE, NM 87504-0909

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.564** Priority creditor's name and mailing address

CITY OF SANTA MARIA  
110 E COOK ST RM 5

MARIA, CA 93454

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.565** Priority creditor's name and mailing address

CITY OF SANTA PAULA  
P O BOX 569

PAULA, CA 93061

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.566** Priority creditor's name and mailing address

CITY OF SANTA ROSA  
965 SONOMA AVENUE

SANTA ROSA, CA 95404

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.567** Priority creditor's name and mailing address

CITY OF SAVANNAH  
P O BOX 1228

SAVANNAH, GA 31419

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.568** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SCOTTS VALLEY  
ONE CIVIC CENTER DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

VALLEY, CA 95066

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.569** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SEATTLE  
PO BOX 34907

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SEATTLE, WA 98124

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.570** Priority creditor's name and mailing address

CITY OF SEDALIA  
200 SOUTH OSAGE AVENUE

SEDALIA, MO 65301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.571** Priority creditor's name and mailing address

CITY OF SELMA AL  
PO BOX 450

SELMA, AL 36702

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.572** Priority creditor's name and mailing address

CITY OF SEMINOLE  
9199 113TH ST N

SEMINOLE, FL 33772

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.573** Priority creditor's name and mailing address

CITY OF SEVIERVILLE  
P O BOX 5500

SEVIERVILLE, TN 37862

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.574** Priority creditor's name and mailing address

CITY OF SHEFFIELD  
P O BOX 380

SHEFFIELD, AL 35660

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.575** Priority creditor's name and mailing address

CITY OF SHELBYVILLE  
PO BOX 1289

SHELBYVILLE, KY 40066

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.576** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SHERIDAN  
4101 SO FEDERAL BLVD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SHERIDAN, CO 80110

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.577** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF SHREVEPORT  
PERMITS AND INSPECTIONS DIVISION 505  
TRAVIS STREET SUITE 130

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SHREVEPORT, LA 71101

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.578** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SIERRA MADRE  
232 W SIERRA MADRE BLVD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MADRE, CA 91024

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.579** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SIMI VALLEY  
2929 TAP O CANYON ROAD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

VALLEY, CA 93062-1680

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.580** Priority creditor's name and mailing address

CITY OF SMITHS STATION  
PO BOX 250

STATION, AL 36877

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.581** Priority creditor's name and mailing address

CITY OF SOLCOMB  
PO BOX 1147

SLOCOMB, AL 36375

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.582** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF SOMERS POINT

SOMERS POINT TAX COLLECTOR

Check all that apply.



Contingent



Unliquidated



Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY

unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?



No



Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.583** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF SOMERSET

PO BOX 989

Check all that apply.



Contingent



Unliquidated



Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY

unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?



No



Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.584** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOMERVILLE  
ONE FRANEY ROAD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SOMERVILLE, MA 02145

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.585** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOUTH BEND  
PODRAWER 9

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BEND, WA 98586-0009

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.586** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOUTH LAKE TAHOE  
1901 AIRPORT ROAD

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TAHOE, CA 96150

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.587** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOUTH MILWAUKEE  
2424 15TH AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MILWAUKEE, WI 53172

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.588** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOUTHAVEN  
8710 NORTHWEST DR

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SOUTHAVEN, MS 38671

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.589** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SOUTHSIDE  
2255 HIGHWAY

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SOUTHSIDE, AL 35907

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.590** Priority creditor's name and mailing address

CITY OF SPANISH FORT  
7361 SPANISH FORT BLVD

FORT, AL 36527

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.591** Priority creditor's name and mailing address

CITY OF SPARKS  
P O BOX 857

SPARKS, NV 89432-0857

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.592** Priority creditor's name and mailing address

CITY OF SPARTANBURG  
P O BOX 1749

SPARTANBURG, SC 29304

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.593** Priority creditor's name and mailing address

CITY OF SPRINGBORO  
320 W CENTRAL AVE

SPRINGBOR, OH 45066

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.594** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF SPRINGDALE OHIO INCOME TAX DEPT  
11700 SPRINGFIELD PIKE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SPRINGDALE, OH 45246

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**  
☐ No  
☐ Yes

**2.595** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

CITY OF SPRINGFIELD  
300 S SEVENTH ST ROOM 106

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SPRINGFIELD, IL 62701-1688

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**  
☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.596** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SPRINGFIELD  
300 S SEVENTH ST ROOM 106

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SPRINGFIELD, IL 62701-1688

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.597** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ST JOSEPH  
1100 FEDERICK AVE ROOM 106

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JOSEPH, MO 64501

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.598** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF ST MARY'S  
106 EAST SPRING STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ST MARYS, OH 45885

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.599** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF STANTON  
7800 KATELLA AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

STANTON, CA 90680

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.600** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF STATESVILLE  
PO BOX 1111

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

STATESVILLE, NC 28687

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.601** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF STEAMBOAT SPRINGS  
PO BOX 772869

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

STEAMBOAT SPRINGS, CO 80477

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.602** Priority creditor's name and mailing address

CITY OF STERLING  
PO BOX 4000

STERLING, CO 80751

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                                 

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.603** Priority creditor's name and mailing address

CITY OF STOCKTON  
BUSINESS LICENSE DIVISION PO BOX 1570

STOCKTON, CA 95201-1570

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                                 

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.604** Priority creditor's name and mailing address

CITY OF SUISUN CITY  
701 CIVIC CENTER BLVD

CITY, CA 94585-2600

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.605** Priority creditor's name and mailing address

CITY OF SUMTER  
PO BOX 1449

SUMTER, SC 29151

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.606** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SUNNYVALE  
650 WEST OLIVE AVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SUNNYVALE, CA 94088-3707

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.607** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF SUNRISE  
1607 NW 136 AVE BLDG B SAWGRASS  
TECHNOLOGY PARK

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SUNRISE, FL 33323

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.608** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF SYLACAUGA  
PO BOX 390

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SYLACAUGA, AL 35150

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.609** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TACOMA  
PO BOX 11640

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TACOMA, WA 98411-6640

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.610** Priority creditor's name and mailing address

CITY OF TALLADEGA  
PO BOX 498

TALLADEGA, AL 35160

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.611** Priority creditor's name and mailing address

CITY OF TALLADEGA  
PO BOX 498

TALLADEGA, AL 35160

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.612** Priority creditor's name and mailing address

CITY OF TALLAHASSEE  
300 SOUTH ADAMS STREET A-4

TALLAHASSEE, FL 32301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.613** Priority creditor's name and mailing address

CITY OF TALLASSEE  
3 FREEMAN AVENUE

TALLASSEE, AL 36078

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.614** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TAMPA  
315 E KENNEDY BLVD

Check all that apply.

TAMPA, FL 33602

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.615** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TEGA CAY  
7725 TEGA CAY DRIVE

Check all that apply.

CAY, SC 29708

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.616** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TEHACHAPI  
115 SOUTH ROBINSON ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TEHACHAPI, CA 93561

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.617** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TEMECULA  
41000 MAIN STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TEMECULA, CA 92590

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.618** Priority creditor's name and mailing address

CITY OF TEMPLE CITY  
9701 LAS TUNAS DRIVE

CITY, CA 91780

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.619** Priority creditor's name and mailing address

CITY OF THE DALLES  
313 COURT STREET

DALLES, OR 97058

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.620** Priority creditor's name and mailing address

CITY OF THOMASVILLE  
PO BOX 127

THOMASVILLE, AL 36784

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.621** Priority creditor's name and mailing address

CITY OF THORNTON  
PO BOX 910222

DENVER, CO 80291

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.622** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TOLEDO OHIO DIVISION OF TAXATION  
ONE GOVERNMENT CENTER 2070

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TOLEDO, OH 43604-2280

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.623** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TORRANCE  
3031 TORRANCE BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TORRANCE, CA 90503

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.624** Priority creditor's name and mailing address

CITY OF TRACY  
8839 N CEDAR AVE 212

FRESNO, CA 93720-1832

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.625** Priority creditor's name and mailing address

CITY OF TRAVELERS REST  
6711 STATE PARK RD

REST, SC 29690

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.626** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TRUSSVILLE  
PO BOX 159

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TRUSSVILLE, AL 35173

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.627** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF TUCKER  
4119 ADRIAN STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TUCKER, GA 30084

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.628** Priority creditor's name and mailing address

CITY OF TUCSON  
255 W ALAMEDA

TUCSON, AZ 85701

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.629** Priority creditor's name and mailing address

CITY OF TUKWILA  
6101 CAPITOL BLVD STE C BOX1397

OLYMPIA, WA 98507

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.630** Priority creditor's name and mailing address

CITY OF TUPELO  
PO BOX 1485

TUPELO, MS 38802-1485

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.631** Priority creditor's name and mailing address

CITY OF TUSCALOOSA  
PO BOX 2089

TUSCALOOSA, AL 35403

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.632** Priority creditor's name and mailing address

CITY OF TUSCUMBIA  
P O BOX 29

TUSCUMBIA, AL 35674

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.633** Priority creditor's name and mailing address

CITY OF TUSKEGEE  
101 FONVILLE ST

TUSKEGEE, AL 36083

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.634** Priority creditor's name and mailing address

CITY OF UNION  
P O BOX 987

UNION, SC 29379

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.635** Priority creditor's name and mailing address

CITY OF VALLEJO  
555 SANTA CLARA ST

VALLEJO, CA 94590-5934

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.636** Priority creditor's name and mailing address

CITY OF VALLEY  
PO BOX 186

VALLEY, AL 36854

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.637** Priority creditor's name and mailing address

CITY OF VENTURA  
501 POLI ST ROOM 107

VENTURA, CA 93001

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.638** Priority creditor's name and mailing address

CITY OF VERO BEACH  
1053 20TH PL

BEACH, FL 32961-1389

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.639** Priority creditor's name and mailing address

CITY OF VERSAILLES  
PO BOX 625

VERSAILLE, OH 40383-0625

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.640** Priority creditor's name and mailing address

CITY OF VICTORVILLE  
PO BOX 5001

VICTORVILLE, CA 92393-5001

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.641** Priority creditor's name and mailing address

CITY OF VIENNA  
PO BOX 5097

VIENNA, WV 26105-5097

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.642** Priority creditor's name and mailing address

CITY OF VILLA PARK  
17855 SANTIAGO BOULEVARD

PARK, CA 92861

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.643** Priority creditor's name and mailing address

CITY OF VISALIA  
P O BOX 4002

VISALIA, CA 93278

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.644** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WALNUT  
8839 N CEDAR AVE 212

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRESNO, CA 93720-1832  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

☐ No  
☐ Yes

**2.645** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WALNUT CREEK  
1666 NORTH MAIN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CREEK, CA 94596  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.646** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WALTERBORO  
248 HAMPTON STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WALTERBORO, SC 29488

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.647** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WARREN  
ONE CITY SQUARE STE 425

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WARREN, MI 48093

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.648** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WASILLA  
290 EAST HERNING AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WASILLA, AK 99654-7091

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.649** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WATSONVILLE  
250 MAIN STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WATSONVILLE, CA 95076

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.650** Priority creditor's name and mailing address

CITY OF WAUPACA  
111 SOUTH MAIN STREET

WAUPACA, WI 54981

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.651** Priority creditor's name and mailing address

CITY OF WAYNESBORO  
503 WEST MAIN STREET RM 107

WAYNESBORO, VA 22980

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.652** Priority creditor's name and mailing address

CITY OF WEAVER  
PO BOX 934668

ATLANTA, AL 31193

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.653** Priority creditor's name and mailing address

CITY OF WEAVER  
PO BOX 934668

ATLANTA, AL 31193

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.654** Priority creditor's name and mailing address

CITY OF WEST COLUMBIA  
P O BOX 4044

COLUMBIA, SC 29171

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.655** Priority creditor's name and mailing address

CITY OF WEST COLUMBIA  
P O BOX 4044

COLUMBIA, SC 29171

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.656** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WEST COVINA  
8839 N CEDAR AVE 212

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRESNO, CA 93720-1832

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.657** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WEST COVINA  
8839 N CEDAR AVE 212

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRESNO, CA 93720-1832

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.658** Priority creditor's name and mailing address

CITY OF WEST MONROE  
2305 N 7TH STREET

MONROE, LA 71291

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.659** Priority creditor's name and mailing address

CITY OF WESTMINSTER  
PO BOX 17107

DENVER, CO 80217-7102

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.660** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WESTOVER  
500 DUPONT ROAD CITY CLERK

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WESTOVER, WV 26501

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.661** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WETUMPKA  
P O BOX 1180

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WETUMPKA, AL 36092

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.662** Priority creditor's name and mailing address

CITY OF WHEAT RIDGE  
PO BOX 912758

DENVER, CO 80291-2758

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.663** Priority creditor's name and mailing address

CITY OF WHITTIER  
13230 PENN STREET

WHITTIER, CA 90602-1772

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.664** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WILKESON  
PO BOX 89

Check all that apply.

WILKESON, WA 98396

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.665** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

CITY OF WINFIELD  
PODRAWER 1438

Check all that apply.

WINFIELD, AL 35594

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.666** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WOODLAND PARK  
PO BOX 9045

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WOODLAND PARK, CO 80866

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.667** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF WOOSTER  
PO BOX 1088

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WOOSTER, OH 44691-7081

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.668** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF YORBA LINDA  
PO BOX 87014

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LINDA, CA 92885-8714

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.669** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CITY OF YUBA CITY  
1201 CIVIC CENTER BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, CA 95993

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.670** Priority creditor's name and mailing address

CITY OF ZANESVILLE  
401 MARKET STREET

ZANESVILLE, OH 43701-3520

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.671** Priority creditor's name and mailing address

CITY TREASURER  
30 MONTGOMERY STREET RM 412

JERSEY CITY, NJ 7302

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.672** Priority creditor's name and mailing address

CLARK CO BUSINESS LIC  
PO BOX 551810

VEGAS, NV 89155-1810

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.673** Priority creditor's name and mailing address

CLARK COUNTY BUSINESS LICENSE  
PO BOX 749508

ANGELES, CA 90074-9508

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.674** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CLARK COUNTY DEPT OF BUSINESS LICENSE  
P O BOX 98627

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VEGAS, NV 89193-8627  
Date or dates debt was incurred  
Various  
Last 4 digits of account number  
Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

☐ No  
☐ Yes

**2.675** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CLERK OF THE CIRCUIT COURT  
14735 MAIN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MARLBORO, MD 20772-9987  
Date or dates debt was incurred  
Various  
Last 4 digits of account number  
Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.676** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CO DEPARTMENT OF AGRICULTURE  
305 INTERLOCKIN PKWY

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BROOMFIELD, CO 80021

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.677** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COBB COUNTY  
PO BOX 649

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MARIETTA, GA 30061-0649

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.678** Priority creditor's name and mailing address

COLLECTION SERVICE CENTER INC  
832 FIFTH AVE

KENSINGTON, PA 15068

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.679** Priority creditor's name and mailing address

COLLECTOR SALES TAX DEPARTMENT  
PO BOX 600

HOMER, LA 71040

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.680** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COLORADO DEPARTMENT OF REVENUE  
1375 SHERMAN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80261

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**2.681** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COLORADO DEPARTMENT OF REVENUE  
1375 SHERMAN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DENVER, CO 80261

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.682** Priority creditor's name and mailing address

COLORADO DEPARTMENT OF REVENUE  
1375 SHERMAN STREET

DENVER, CO 80261

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.683** Priority creditor's name and mailing address

COLORADO DEPT OF AGRICULTURE  
2331 WEST 31ST AVENUE

DENVER, CO 80211

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority	
<b>2.684</b>	<b>Priority creditor's name and mailing address</b>  COLUMBIANA COUNTY GENERAL P O BOX 309  LISBON, OH 44432  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> <u>      </u> <u>      </u> <u>      </u> <u>      </u>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>      </u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>

		Total Claim	Priority	
<b>2.685</b>	<b>Priority creditor's name and mailing address</b>  COLUMBUS CITY TREASURER-FIRE 90 W BROAD ST  COLUMBUS, OH 43215  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> <u>      </u> <u>      </u> <u>      </u> <u>      </u>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>      </u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.686** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

COLUMBUS INCOME TAX DIVISION  
PO BOX 182437

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLUMBUS, OH 43218-2437

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.687** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

COMMERCE & CONSUMER AFFAIRS  
335 MERCHANT ST ROOM 301

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HONOLULU, HI 96813

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.688** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMMISSIONER OF FINANCE AND  
ADMINISTRATION  
PO BOX 896

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

LITTLE ROCK, AR 72203

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.689** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMMISSIONER OF MOTOR VEHICLES  
EMPIRE STATE PLAZA RM 220

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ALBANY, NY 12228-0001

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.690** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMMISSIONER OF REVENUE  
MAIL STATION 1110

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ST PAUL, MN 55146-1110

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.691** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMMISSIONER OF TAXATION AND FINANCE  
PO BOX 4100

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BINGHAMTON, NY 13902

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.692** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

COMMONWEALTH OF MASSACHUSETTS  
ONE ASHBURTON PL RM 1115

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOSTON, MA 2108

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number** \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( \_ \_ \_ \_ )

**Is the claim subject to offset?**  
☐ No  
☐ Yes

**2.693** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

COMMONWEALTH OF MASSACHUSETTS  
ONE ASHBURTON PL RM 1115

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOSTON, MA 2108

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number** \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( \_ \_ \_ \_ )

**Is the claim subject to offset?**  
☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.694</b>	<b>Priority creditor's name and mailing address</b>  COMMONWEALTH OF PA 2800 WHITEFORD ROAD  YORK, PA 17402  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (_____)	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.695</b>	<b>Priority creditor's name and mailing address</b>  COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION PO BOX 1197  RICHMOND, VA 23218  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (_____)	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.696** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMPTROLLER OF MARYLAND  
110 CARROLL STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANANAPOLIS, MD 2411-0001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.697** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMPTROLLER OF PUBLIC ACCOUNTS  
PO BOX 12010

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUSTIN, TX 78711-2010

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.698** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COMPTROLLER OF THE TREASURY  
110 CARROLL ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANNAPOLIS, MD 21411-0001

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.699** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CONCORDIA PARISH SALES TAX FUND  
PO BOX 160

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VIDALIA, LA 71373

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.700** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CONTRA COSTA COUNTY  
THE HONORABLE DIANA BECTON 900 WARD  
STREET

MARTINEZ, CA 94553

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.701** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CONTRA COSTA HEALTH SERVICES  
50 DOUGLAS DR STE 320C

MARTINEZ, CA 94553

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.702** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COOMONWEALTH OF MASSACHUSETTS  
1 ASHBURTON PLACE ROOM 1115

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BOSTON, MA 02108

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.703** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF ALBEMARLE  
401 MCINTIRE RD ROOM 130

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CHARLOTTESVILLE, VA 22902-4596

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.704** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF BUCKS  
1260 ALMSHOUSE RD 4TH FL

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

DOYLESTOWN, PA 18901

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.705** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF CHARLESTON  
SUITE B110

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CHARLESTON, SC 29405

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.706** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF CUMBERLAND  
310 ALLEN ROAD SUITE 701

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CARLISLE, PA 17013

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.707** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF DELAWARE  
201 WEST FRONT ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MEDIA, PA 19063

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.708** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF FAIRFAX  
10700 PAGE AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FAIRFAX, VI 22030

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.709** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF HENRICO  
PO BOX 90790

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HENRICO, VA 23228-0790

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.710** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF HUMBOLDT  
825 5TH STREET SUITE 125

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

EUREKA, CA 95501

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.711** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF LAKE  
922 BEVINS

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

LAKEPORT, CA 95453

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.712** Priority creditor's name and mailing address

COUNTY OF MCCracken  
PO BOX 2658

PADUCAH, KY 42002

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.713** Priority creditor's name and mailing address

COUNTY OF NORTH HAMPTON  
669 WASHINGTON STREET

EASTON, PA 18042-7471

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.714** Priority creditor's name and mailing address

COUNTY OF PLACER  
2976 RICHARDSON DRIVE

AUBURN, CA 95603

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.715** Priority creditor's name and mailing address

COUNTY OF RIVERSIDE  
P O BOX 1089

RIVERSIDE, CA 92502-1089

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.716** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SAN BERNARDINO  
385 N ARROWHEAD AVE 2ND FLOOR

Check all that apply.

BERNARDINO, CA 92415-0160

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.717** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SAN DIEGO  
P O BOX 129261

Check all that apply.

DIEGO, CA 92112-9261

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.718** Priority creditor's name and mailing address

COUNTY OF SAN LUIS OBISPO  
2156 SIERRA WAY

OBISPO, CA 93406

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.719** Priority creditor's name and mailing address

COUNTY OF SANTA BARBARA  
263 CAMINO DEL REMEDIO

BARBARA, CA 93110-5600

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.720** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SANTA BARBARA ENVIRONMENTAL  
HEALTH SERV  
2125 S CENTERPOINTE PKWY 333

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MARIA, CA 93455

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.721** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SANTA CLARA  
1553 BERGER DRIVE BUILDING 1

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

JOSE, CA 95112

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.722** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SANTA CRUZ  
701 OCEAN STREET ROOM 312

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CRUZ, CA 95060

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.723** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SANTA CRUZ  
701 OCEAN STREET ROOM 312

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CRUZ, CA 95060

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.724** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF SONOMA - WEIGHTS AND  
MEASURES  
133 AVIATION BOULEVARD SUITE 110

ROSA, CA 95403-1077

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.725** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF VENTURA  
800 SOUTH VICTORIA L 1750

VENTURA, CA 93009

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.726** Priority creditor's name and mailing address As of the petition filing date, the claim is:

COUNTY OF WARREN  
429 E 10TH ST SUITE 200

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BOWLING GR, KY 42101

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.727** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

COUNTY OF INYO  
P O BOX 427

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

INDEPENDENCE, CA 93526

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.728** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CT DEPARTMENT OF AGRICULTURE  
PO BOX 150404

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HARTFORD, CT 06115-0404

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.729** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CT DEPT OF CONSUMER PROTECTION  
165 CAPITOL AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HARTFORD, CT 06106

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.730</b>	<b>Priority creditor's name and mailing address</b>		
	CT DEPT OF MOTOR VEHICLES	\$	UNDETERMINED
	60 STATE ST		\$
			UNDETERMINED
	WETHERSFIELD, CT 06161-2011		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	TAXING AUTHORITY		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

		Total Claim	Priority
<b>2.731</b>	<b>Priority creditor's name and mailing address</b>		
	CULLMAN COUNTY SALES TAX	\$	UNDETERMINED
	PO BOX 1206		\$
			UNDETERMINED
	CULLMAN, AL 35056		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	TAXING AUTHORITY		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.732** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CULLMAN COUNTY SALES TAX  
PO BOX 1206

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CULLMAN, AL 35056

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.733** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CUYAHOGA COUNTY BOARD OF HEALTH  
5550 VENTURE DRIVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

PARMA, OH 44130

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.734** Priority creditor's name and mailing address As of the petition filing date, the claim is:

CUYAHOGA COUNTY TREASURER  
2079 EAST NINTH ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CLEVELAND, OH 44115

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.735** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DANBURY HEALTH & HUMAN SERVICES DEPT  
155 DEER HILL AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DANBURY, CT 06810

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

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**2.736** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DC GOVERNMENT  
PO BOX 96384

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WASHINGTON, DC 20090

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.737** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DCA LICENSING CENTER  
42 BROADWAY 9TH FLOOR RENEWAL UNIT

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

YORK, NY 10004

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.738** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEKALB CO  
PO BOX 100020

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DECATUR, GA 30031-7020

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.739** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEKALB COUNTY REVENUE DEPT  
111 GRAND AVE SW SUITE 112

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FT PAYNE, AL 35967

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.740** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DELAWARE DIVISION OF REVENUE  
PO BOX 2044

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WILMINGTON, DE 19899

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.741** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPARTMENT OF FINANCE AND  
ADMINISTRATION  
PO BOX 919

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LITTLE ROCK, AR 72203-0919

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.742** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

DEPARTMENT OF REVENUE & TAXATION  
122 WEST 25TH STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHEYENNE, WY 82002-0110

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
SALES TAX

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.743** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

DEPARTMENT OF REVENUE AND TAXATION  
PO BOX 23607

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GUAM MAIN FACILITY, GU 96921

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.744** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPARTMENT OF TAXATION  
PO BOX 1425

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HONOLULU, HI 96806-1425

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.745** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPARTMENT OF THE TREASURY  
PO BOX 9024140

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SAN JUAN, PR 00902

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.746** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPT OF ALCOHOLIC BEVERAGE CONTROL  
P O BOX 27491

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

RICHMOND, VA 23261-7491

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.747** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPT OF FINANCE AND ADMINISTRATION  
PO BOX 3861

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LITTLE ROCK, AR 72203-3861

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.748** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPT OF HEALTH AND HOSPITALS  
PO BOX 4489 BIN 10

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROUGE, LA 70821

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.749** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DEPT OF JUSTICE  
PO BOX 903387

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 94203-3870

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.750** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DESOTO PARISH SU TAX COMMISSION  
PO BOX 927

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MANSFIELD, LA 71052

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.751** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DIVISION OF REVENUE LEXINGTON-FAYETTE  
URBAN COUNTY GOVERNMENT  
PO BOX 14058

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LEXINGTON, KY 40512

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.752** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DIVISION OF TAXATION DEPT 304  
PO BOX 9707

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PROVIDENCE, RI 02940

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.753** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DNR  
402 W WASHINGTON ST RM W-160

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

INDIANAPOLIS, IN 46204-2742

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.754** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DORCHESTER COUNTY  
PO BOX 63058

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHARLOTTE, NC 28263-3058

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.755** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DSHS AVC PERMIT PROGRAM ZZ109-125  
PO BOX 149347

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

AUSTIN, TX 78714-9347

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.756** Priority creditor's name and mailing address As of the petition filing date, the claim is:

DUVAL COUNTY TAX COLLECTOR  
PO BOX 44009

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSONVILLE, FL 32231-4009

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.757** Priority creditor's name and mailing address As of the petition filing date, the claim is:

EBATON ROUGE PARISH & CITY TREASURER  
PO BOX 2590

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BATON ROUGE, LA 70821

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.758** Priority creditor's name and mailing address As of the petition filing date, the claim is:

E-COLLECT PLUS  
804 FAYETTE ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CONSHOHOCKEN, PA 19428

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.759** Priority creditor's name and mailing address As of the petition filing date, the claim is:

EHD  
1868 E HAZELTON AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

STOCKTON, CA 95205

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.760** Priority creditor's name and mailing address As of the petition filing date, the claim is:

EL DORADO COUNTY  
360 FAIR LANE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PLACERVILLE, CA 95667-4197

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.761** Priority creditor's name and mailing address As of the petition filing date, the claim is:

ESCAMBIA COUNTY  
P O BOX 1312

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PENSACOLA, FL 32591

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.762** Priority creditor's name and mailing address As of the petition filing date, the claim is:

EVANGELINE PARISH  
PO BOX 367

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VILLE PLATTE, LA 70586

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☐ No  
☐ Yes

**2.763** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FDACS  
PO BOX 6720

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TALLAHASSEE, FL 32314-6720

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.764** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

FINANCIAL MANAGER-CITY OF WEST BUECHEL  
3705 BASHFORD AVENUE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WEST BUECHEL, KY 40218

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.765** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

FL DEPT AGRICULTURE CONS SVCS  
P O BOX 6720

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TALLAHASSEE, FL 32314-6700

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.766** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FL DEPT OF PROFESSIONAL REGULATION  
1940 N MONROE STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TALLAHASSEE, FL 32399

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.767** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FLATHEAD COUNTY TREASURER  
935 1ST AVE W STE T

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

KALISPELL, MT 59901

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.768** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FLORIDA DBPR  
P O BOX 6300

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TALLAHASSEE, FL 32314-6300

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.769** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TALLAHASSEE, FL 32399-0135

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.770** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FLORIDA DEPT OF AGRICULTURE  
P O BOX 6710

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TALLAHASSEE, FL 32314-6710

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.771** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FOND DU LAC COUNTY TREASURER  
160 SOUTH MACY STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LAC, WI 54935

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.772** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FOOD & CONSUMER SAFETY BUREAU  
LUCAS BLDG - 321 E 12TH STREET FL 3

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

MOINES, IA 50319-0083

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.773** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FOOTHILLS METROPOLITAN DISTRICT  
8390 E CRESCENT PKWY SUITE 500

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GREENWOOD VILLAGE, CO 80111-2814

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.774** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FRANCHISE TAX BOARD  
PO BOX 942857

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SACRAMENTO, CA 942857

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.775** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FRANKLIN COUNTY AUDITOR  
373 S HIGH STREET 21ST FL

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLUMBUS, OH 43215-6317

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.776** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FRANKLIN COUNTY BOARD OF HEALTH  
280 E BROAD STREET ROOM 200

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLUMBUS, OH 43215-4562

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.777** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FRANKLIN PARISH SCHOOL BOARD  
PO DRAWER 710

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WINNSBORO, LA 71295

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.778** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FREDERICK COUNTY CIRCUIT COURT  
100 WEST PATRICK STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FREDERICK, MD 21701

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.779** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FREDERICK COUNTY HEALTH DEPT  
350 MONTEVUE LANE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FREDERICK, MD 21702-8245

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.780** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FREEHOLD TOWNSHIP BOARD OF HEALTH  
ONE MUNICIPAL PLAZA

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FREEHOLD, NJ 07728  
Date or dates debt was incurred  
Various  
Last 4 digits of account number  
Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

☐ No  
☐ Yes

**2.781** Priority creditor's name and mailing address As of the petition filing date, the claim is:

FRESNO  
P O BOX 45017

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRESNO, CA 93718-5017  
Date or dates debt was incurred  
Various  
Last 4 digits of account number  
Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.782** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

FRESNO CO DEPT OF PUBLIC HEALTH  
P O BOX 11800

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

FRESNO, CA 93775-1800

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.783** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

GA DEPARTMENT OF REVENUE-EFT  
PO BOX 740398

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30348-5408

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.784** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

GA DEPARTMENT OF REVENUE-EFT  
PO BOX 740398

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30348-5408

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.785** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

GA DEPT OF AGRICULTURE  
19 MARTIN LUTHER KING JR DR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30334

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (        )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.786** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

GA DEPT OF NATURAL RESOURCES  
PO BOX 101902

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ATLANTA, GA 30392

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.787** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

GA DEPT OF REVENUE  
PO BOX 105458

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ATLANTA, GA 30348-5458

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.788** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GALLIPOLIS TAX DEPARTMENT  
PO BOX 339 333 THIRD AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GALLIPOLI, OH 45631

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.789** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GEORGETOWNSCOTT COUNTY  
PO BOX 800

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GEORGETOWN, KY 40324

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.790** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GEORGIA DEPARTMENT OF AGRICULTURE  
19 MARTIN LUTHER KING JR DR RM 306

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30334

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.791** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740398

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30348-5408

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.792** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740398

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30348-5408

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.793** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GEORGIA DEPT OF AGRICULTURE  
19 MARTIN LUTHER KING JR DR RM 536

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ATLANTA, GA 30334

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.794** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GOBIERNO MUNICIPAL AUTONOMO  
PO BOX 1869

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

TRUJILLO ALTO, PR 00977

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.795** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GOBIERNO MUNICIPAL AUTONOMO DE PONCE  
APARTADO 331709

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

PONCE, PR 00733

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.796**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

GOBIERNO MUNICIPAL DE HATILLO  
PO BOX 8

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HATILLO, PR 00659

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.797**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

GOVERNMENT OF US VIRGIN ISLANDS  
6115 ESTATE SMITH BAY SUITE 225

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

THOMAS, VI 00802

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

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**2.798** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GRAND RAPIDS INCOME TAX DEPARTMENT  
PO BOX 109

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GRAND RAPIDS, MI 49501-0109

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.799** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GRANT PARISH SALES TAX OFFICE  
PO BOX 187

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLFAX, LA 71417

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.800** Priority creditor's name and mailing address As of the petition filing date, the claim is:

GREGORY FX DALY COLLECTOR OF REVENUE  
410 CITY HALL

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ST LOUIS, MO 63103-2841

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.801** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HAB-BPT  
PO BOX 21810

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VALLEY, PA 18002-1810

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.802** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HAMPTON CITY TREASURER  
P O BOX 636

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HAMPTON, VA 23669

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.803** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HARFORD COUNTY  
PO BOX 64069

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BALTIMORE, MD 21264-4069

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.804** Priority creditor's name and mailing address

HAWAII DEPARTMENT OF TAXATION  
PO BOX 1530

HONOLULU, HI 96806-1530

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.805** Priority creditor's name and mailing address

HAWAII DEPT OF HEALTH  
2827 WAIMANO HOME ROAD 100

HONOLULU, HI 96782

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.806** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HAWAII STATE TAX COLLECTOR  
PO BOX 259 LICENSING SECTION

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HONOLULU, HI 96809-0259

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.807** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HCPH  
250 WILLIAM HOWARD TAFT RD 2ND FL

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CINCINNATI, OH 45219

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.808** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HENRICO COUNTY  
P O BOX 90790 LOCKBOX 4732

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RICHMOND, VA 23228-0790

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.809** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HIDALGO COUNTY TAX ASSESSOR COLLECTOR  
2804 SOUTH US HWY 281

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

EDINBURG, TX 78539

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.810** Priority creditor's name and mailing address

HILLSBOROUGH COUNTY  
601 E KENNEDY BLVD 14TH FLOOR

TAMPA, FL 33602-4931

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.811** Priority creditor's name and mailing address

HORRY COUNTY BUSINESS LICENSE DEPT  
PO BOX 1275

CONWAY, SC 29528

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.812** Priority creditor's name and mailing address

HOUSTON POLICE DEPARTMENT  
PO BOX 3408

HOUSTON, TX 77253-3408

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.813** Priority creditor's name and mailing address

HOWARD COUNTY HEALTH DEPT  
120 E MULBERRY ST STE 210 KOKOMO IN 46901

KOKOMO, IN 46901

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.814** Priority creditor's name and mailing address

HOWARD COUNTY MD  
9250 BENDIX RD CLERK OF THE CIRCUIT COURT  
COLUMBIA MD 21045

COLUMBIA, MD 21045

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.815** Priority creditor's name and mailing address

HUMBOLDT COUNTY HEALTH DEPT  
100 H ST SUITE 100 EUREKA CA 95501

EUREKA, CA 95501

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.816** Priority creditor's name and mailing address As of the petition filing date, the claim is:

HUNTSVILLE CITY  
PO BOX 11407

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35246-2108

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.817** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IA ALCOHOLIC BEVERAGE DIVISION  
1918 E HULSIZER ROAD ANKENY IA 50021

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ANKENY, IA 50021

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.818** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IA DEPT OF AGRICULTURE&LAND  
STEWARDSHIP  
2230 S ANKENY BLVD IOWA LABORATORY  
FACILITY ANKENY IA 50023

ANKENY, IA 50023

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.819** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IBERIA PARISH SCHOOL BOARD  
1500 JANE ST PO BOX 9770

NEW IBERIA, LA 70562-9770

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.820** Priority creditor's name and mailing address

IBERVILLE PARISH  
PO BOX 355

PLAQUEMINE, LA 70765-0355

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.821** Priority creditor's name and mailing address

ID NORTH CENTRAL DISTRICT  
215 10TH STREET PUBLIC HEALTH

LEWISTON, ID 83501

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.822** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IDAHO DEPT OF AGRICULTURE  
P O BOX 790 BUREAU OF FEEDS & PLANT  
SERVICES BOISE ID 83701

BOISE, ID 83701

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.823** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IDAHO STATE DEPT OF AGRICULTURE  
2240 KELLOGG LANE

BOISE, ID 83712

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.824** Priority creditor's name and mailing address

IDAHO STATE TAX COMMISSION  
PO BOX 56

BOISE, ID 83756-0056

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.825** Priority creditor's name and mailing address

IL DEPT OF AGRICULTURE  
PO BOX 19281

SPRINGFIELD, IL 62794-9281

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.826** Priority creditor's name and mailing address

IL DEPT OF REVENUE  
PO BOX 19476

SPRINGFIELD, IL 62794

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.827** Priority creditor's name and mailing address

IL SECRETARY OF STATE  
501 S SECOND ST RM 350

SPRINGFIELD, IL 62756

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.828** Priority creditor's name and mailing address As of the petition filing date, the claim is:

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19038

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SPRINGFIELD, IL 62776

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☐ No  
☐ Yes

**2.829** Priority creditor's name and mailing address As of the petition filing date, the claim is:

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19038

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SPRINGFIELD, IL 62776

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.830** Priority creditor's name and mailing address

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19038

SPRINGFIELD, IL 62776

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.831** Priority creditor's name and mailing address

ILLINOIS LIQUOR CONTROL COMMISSION  
100 W RANDOLPH STREET SUITE 7-801

CHICAGO, IL 60601

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.832** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IMPERIAL COUNTY DEPT OF WEIGHTS &  
MEASURES  
PO BOX 806

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CENTRO, CA 92244

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.833** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IN ALCOHOL & TOBACCO COMMISSION  
302 W WASHINGTON ST ROOM E114

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

INDIANAPOLIS, IN 46204

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.834** Priority creditor's name and mailing address

INCOME TAX DEPARTMENT  
PO BOX 9951

CANTON, OH 44711-9951

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.835** Priority creditor's name and mailing address

INDIAN RIVER TAX COLLECTOR  
PO BOX 1509

BEACH, FL 32961-1389

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.836** Priority creditor's name and mailing address As of the petition filing date, the claim is:

INDIANA DEPARTMENT OF REVENUE  
PO BOX 7218

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

INDIANAPOLIS, IN 46207

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**2.837** Priority creditor's name and mailing address As of the petition filing date, the claim is:

INDIANA DEPARTMENT OF REVENUE  
PO BOX 7218

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

INDIANAPOLIS, IN 46207

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.838** Priority creditor's name and mailing address

INDIANA DEPARTMENT OF REVENUE  
PO BOX 7218

INDIANAPOLIS, IN 46207

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.839** Priority creditor's name and mailing address

INDIANA STATE DEPT OF HEALTH  
2525 NORTH SHADELAND AVE STE D3

INDIANAPOLIS, IN 46219

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.840** Priority creditor's name and mailing address As of the petition filing date, the claim is:

INDIANA STATE EGG BOARD  
PURDUE UNIVERSITY POULTRY BLDG 270 S  
RUSSELL ST

LAFAYETTE, IN 47907-2041

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.841** Priority creditor's name and mailing address As of the petition filing date, the claim is:

IOWA DEPARTMENT OF REVENUE  
PO BOX 10468

DES MOINES, IA 50306-0468

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.842** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

IOWA DEPARTMENT OF REVENUE & FINANCE  
PO BOX 10462

Check all that apply.

DES MOINES, IA 50306-0462

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
SALES TAX

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**Is the claim subject to offset?**  
☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.843** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

IOWA DEPARTMENT OF REVENUE & FINANCE  
PO BOX 10462

Check all that apply.

DES MOINES, IA 50306-0462

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )**

**Is the claim subject to offset?**  
☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.844** Priority creditor's name and mailing address

IOWA DEPT OF AGRI & LAND  
502 EAST 9TH ST

MOINES, IA 50319-0051

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.845** Priority creditor's name and mailing address

IREDELL TAX COLLECTOR  
PO BOX 1027

STATESVILLE, NC 28687-1027

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.846** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JACKSON COUNTY  
67 ATHENS ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.847** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JACKSON PARISH  
319 JIMMIE DAVIS PARKWAY

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.848** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JAMES POHLMANN SHERIFF AND TAX  
COLLECTOR  
PO BOX 168

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CHALMETTE, LA 70044

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.849** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JASPER CO 1149  
PO BOX 1149

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

RIDGELAND, SC 29936

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.850** Priority creditor's name and mailing address

JEFFERSON COUNTY  
716 RICHARD ARRINGTON JR BLVD N

BIRMINGHAM, AL 35203

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.851** Priority creditor's name and mailing address

JEFFERSON COUNTY DEPT OF REV  
PO BOX 12207

BIRMINGHAM, AL 35202-2207

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.852** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

JEFFERSON COUNTY DIRECTOR OF REVENUE  
PO BOX 830710

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35283-0710

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**      \_ \_ \_ \_

**Basis for the claim:**  
SALES TAX

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**  
☐ No  
☐ Yes

**2.853** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

JEFFERSON COUNTY DIRECTOR OF REVENUE  
PO BOX 830710

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35283-0710

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**  
☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.854** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

JEFFERSON COUNTY DIRECTOR OF REVENUE  
PO BOX 830710

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35283-0710

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**2.855** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

JEFFERSON COUNTY HEALTH DEPT  
P O BOX 437

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HILLSBORO, MO 63050

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

TAXING AUTHORITY

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )**

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.856** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JEFFERSON DAVIS PARISH SCHOOL BOARD  
PO BOX 1161

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JENNINGS, LA 70546

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.857** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JEFFERSON PARISH  
PO BOX 248

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

GRETN, LA 70054

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.858** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JEFFERSON PARISH SHERIFFS OFFICE  
P O BOX 248

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

GRETN, LA 70054

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.859** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JOHN SHARP  
PO BOX 12010

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

AUSTIN, TX 78711

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.860** Priority creditor's name and mailing address

JOHN SHARP  
PO BOX 12010

AUSTIN, TX 78711

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.861** Priority creditor's name and mailing address

JORDAN TAX SERVICE INC  
102 RAHWAY ROAD

MCMURRAY, PA 15317

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.862** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JUPITER INLET COLONY  
1 COLONY ROAD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

☐ No  
☐ Yes

**2.863** Priority creditor's name and mailing address As of the petition filing date, the claim is:

JURUPA VALLEY CITY  
8930 LIMONITE AVE STE M

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.864** Priority creditor's name and mailing address

KANAWHA-CHARLESTON HEALTH DEPT  
P O BOX 927

CHARLESTON, WV 25323

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.865** Priority creditor's name and mailing address

KANSAS CITY MO HEALTH DEPT  
2400 TROOST AVE SUITE 3200

CITY, MO 64108

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.866** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KANSAS CITY TREASURER  
PO BOX 840101

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, MO 64184-0101

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.867** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KANSAS DEPARTMENT OF REVENUE  
915 SW HARRISON STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TOPEKA, KS 66612-1588

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.868** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KANSAS DEPT OF AGRICULTURE  
1320 RESEARCH PARK DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MANHATTAN, KS 66502

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.869** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KEARNY HEALTH DEPARTMENT  
645 KEARNY AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

KEARNY, NJ 07032

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.870** Priority creditor's name and mailing address

KENNETH CITY  
6000 54TH AVENUE NORTH

CITY, FL 33709

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.871** Priority creditor's name and mailing address

KENOSHA CITY CLERK-TREASURER  
625-52ND STREET

KENOSHA, WI 53140

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.872</b>	<b>Priority creditor's name and mailing address</b>  KENOSHA COUNTY DIVISION OF HEALTH 8600 SHERIDAN ROAD STE 600  _____ KENOSHA, WI 53143-6515  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED \$      UNDETERMINED

		Total Claim	Priority
<b>2.873</b>	<b>Priority creditor's name and mailing address</b>  KENTON COUNTY FISCAL COURT PO BOX 792  _____ COVINGTON, KY 41012  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED \$      UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.874** Priority creditor's name and mailing address

KENTON COUNTY FISCAL COURT  
PO BOX 792

COVINGTON, KY 41012

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.875** Priority creditor's name and mailing address

KENTUCKY DEPARTMENT OF REVENUE  
PO BOX 856905

LOUISVILLE, KY 40285-6905

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.876** Priority creditor's name and mailing address

KENTUCKY STATE TREASURER  
101 SEA HERO ROAD SUITE 100

FRANKFORT, KY

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.877** Priority creditor's name and mailing address

KENTUCKY STATE TREASURER  
101 SEA HERO ROAD SUITE 100

FRANKFORT, KY

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.878** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KERN COUNTY  
THE HONORABLE LISA GREEN 1215 TRUXTUN  
AVENUE

BAKERSFIELD, CA 93301

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.879** Priority creditor's name and mailing address As of the petition filing date, the claim is:

KEYSTONE MUN COLL 546 WENDEL  
546 WENDEL ROAD

IRWIN, PA 15642

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.880** Priority creditor's name and mailing address

KING CITY CA  
212 S VANDERHURST AVE

CITY, CA 93930

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.881** Priority creditor's name and mailing address

KINGS COUNTY ENVIRONMENTAL HEALTH  
SERVICES  
330 CAMPUS DRIVE

HANFORD, CA 93230

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.882** Priority creditor's name and mailing address

KNOX COUNTY FISCAL COURT  
PO BOX 177

BARBOURVILLE, KY 40906

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.883** Priority creditor's name and mailing address

KOSCIUSKO CO HEALTH DEPT  
100 W CENTER STREET

WARSAW, IN 46580

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.884** Priority creditor's name and mailing address

KS DEPT OF AGRICULTURE  
1320 RESEARCH PARK DRIVE 2ND FL

MANHATTAN, KS 66502

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.885** Priority creditor's name and mailing address

KS STATE BOARD OF PHARMACY  
800 SW JACKSON SUITE 1414

TOPEKA, KS 66612-1231

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.886** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

KY AG EXP STATION  
S-225 AG SCI CENTER -N

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.887** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

KY DEPT OF AGRICULTURE  
107 CORPORATE DRIVE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.888** Priority creditor's name and mailing address

KY DEPT OF HOUSING  
101 SEA HERO ROAD SUITE 100

FRANKFORT, KY 40601-5405

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.889** Priority creditor's name and mailing address

LA COUNTY AGR COMMWTS & MEAS  
P O BOX 512399

ANGELES, CA 90051-0399

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.890</b>	<b>Priority creditor's name and mailing address</b>  LA COUNTY AGRICULTURAL COMMISSIONER PO BOX 512399  ANGELES, CA 90051-0399  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.891</b>	<b>Priority creditor's name and mailing address</b>  LA COUNTY TREASURER TAX COLLECTOR P O BOX 54978  ANGELES, CA 90054-0978  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.892** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LA DEPARTMENT OF AGRICULTURE &  
FORESTRY

5825 FLORIDA BLVD SUITE 1003

ROUGE, LA 70806

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.893** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LA DEPT OF REVENUE

PO BOX 4018

BATON ROUGE, LA 70821-4018

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.894** Priority creditor's name and mailing address

LAFAYETTE PARISH SALES TAX DIVISION  
PO BOX 52706

LAFAYETTE, LA 70505-2706

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.895** Priority creditor's name and mailing address

LAFOURCHE PARISH SCHOOL BOARD  
PO BOX 54585

NEW ORLEANS, LA 70154

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.896** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAKE COUNTY HEALTH DEPT  
2900 W 93RD AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

POINT, IN 46307

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.897** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAKE COUNTY TAX COLLECTOR  
P O BOX 327

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TAVARES, FL 32778-0327

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.898** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAKE CUMBERLAND DISTRICT HD  
45 ROBERTS STREET

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SOMERSET, KY 42501

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.899** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LARIMER CO ENVIRONMENTAL HEALTH  
1525 BLUE SPRUCE

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

COLLINS, CO 80524

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.900** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LASALLE PARISH SALES TAX FUND  
PO BOX 190

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VIDALIA, LA 71373

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.901** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAURA KEISLING COLLECTOR  
550 WASHINGTON RD TRINITY SD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WASHINGTON, PA 15301

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.902** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAUREL COUNTY  
203 S BROAD ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LONDON, KY 40741

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.903** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LAWRENCE COUNTY CLERK  
200 WEST GAINES SUITE 103

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LAWRENCEBURG, TN 38464

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.904** Priority creditor's name and mailing address

LEE COUNTY  
P O BOX 1549 TAX COLLECTOR

MYERS, FL 33902-1549

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.905** Priority creditor's name and mailing address

LEOMINSTER BOARD OF HEALTH  
25 WEST ST ROOM 5

LEOMINSTER, MA 01453

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.906** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LEXINGTON-FAYETTE  
PO BOX 14058

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LEXINGTON, KY 40512

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.907** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LINCOLN CITY CLERK  
P O BOX 172

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LINCOLN, AL 35096

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.908**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

LINCOLN PARISH SU TAX COMMISSION  
PO BOX 863

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

RUSTON, LA 71273

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.909**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

LIVINGSTON PARISH SCHOOL BOARD  
PO BOX 1030

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LIVINGSTON, LA 70754

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Various

**Basis for the claim:**

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

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**2.910** Priority creditor's name and mailing address

LOS GATOS  
PO BOX 697

GATOS, CA 95031

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.911** Priority creditor's name and mailing address

LOUISIANA DEPARTMENT OF REVENUE  
PO BOX 91011

ROUGE, LA 70821-9011

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.912** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LOUISIANA DEPT OF ENVIRONMENTAL QUALITY  
PO BOX 4311

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BATON ROUGE, LA 70821

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?  
☐ No  
☐ Yes

**2.913** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LOUISIANA DEPT OF REVENUE AND TAXATION  
PO BOX 4018

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BATON ROUGE, LA 70821-4018

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?  
☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.914** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LOUISVILLE METRO REVENUE COMSSSION  
PO BOX 35410

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LOUISVILLE, KY 40232-5410

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.915** Priority creditor's name and mailing address As of the petition filing date, the claim is:

LOWNDES COUNTY AC  
P O BOX 1077

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

COLUMBUS, MS 39703

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.916** Priority creditor's name and mailing address As of the petition filing date, the claim is:

M J COOK  
PO BOX 123

MONROE, LA 71210

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.917** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MADISON CO HEALTH DEPT  
206 EAST NINTH STREET STE 200

ANDERSON, IN 46016

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.918** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MADISON COUNTY SALES TAX DEPT  
100 NORTH SIDESQUARE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HUNTSVILLE, AL 35801

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.919** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MADISON PARISH SCHOOL BOARD  
PO BOX 1830

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TALLULAH, LA 71284-1830

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.920** Priority creditor's name and mailing address

MAINE DEPT OF AGRICULTURE  
28 STATE HOUSE STATION

AUGUSTA, ME 04333-0028

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.921** Priority creditor's name and mailing address

MAINE REVENUE SERVICES  
PO BOX 1065

AUGUSTA, ME 04332

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.922** Priority creditor's name and mailing address

MAINE REVENUE SERVICES  
PO BOX 1065

AUGUSTA, ME 04332

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.923** Priority creditor's name and mailing address

MANAGER OF REVENUE  
PO BOX 17430

DENVER, CO 80217

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.924** Priority creditor's name and mailing address

MANAGER SALES TAX DEPARTMENT  
PO BOX 357

MINDEN, LA 71058-0357

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.925** Priority creditor's name and mailing address

MARIETTA CITY HEALTH DEPT  
304 PUTNAM ST

MARIETTA, OH 45750

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.926** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MARION COUNTY HEALTH DEPT  
3840 N SHERMAN DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

INDIANAPOLIS, IN 46226

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.927** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MARYLAND DEPARTMENT OF AGRICULTURE  
PO BOX 17304

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BALTIMORE, MD 21297-1304

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.928** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MASSACHUSETTS DEPARTMENT OF REVENUE  
PO BOX 7005

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOSTON, MA 02204

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.929** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MASSACHUSETTS DEPT OF REVENUE  
PO BOX 7035

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BOSTON, MA 02204

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.930** Priority creditor's name and mailing address

MATANUSKA-SUSITNA BOROUGH  
350 EAST DAHLIA AVE

PALMER, AK 99645-6488

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.931** Priority creditor's name and mailing address

MATRESS RECYCLING COUNCIL  
PO BOX 223594

CHANTILLY, RI 20153

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.932** Priority creditor's name and mailing address

MAVIS T THOMPSON ESQ  
PO BOX 78158

ST LOUIS, MO 63178

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.933** Priority creditor's name and mailing address

MCCRACKEN COUNTY TAX ADMINISTRATOR  
PO BOX 2658

PADUCA, OH 42002-2658

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.934** Priority creditor's name and mailing address

MEDINA COUNTY HEALTH DEPARTMENT  
4800 LEDGEWOOD DRIVE

MEDINA, OH 44256

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.935** Priority creditor's name and mailing address

MEDINA COUNTY TREASURER  
144 N BROADWAY ST

MEDINA, OH 44256-1902

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.936** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MERCER ISLAND  
9611 SE 36TH ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ISLAND, WA 98040-3732

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.937** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MIAMI DADE DERM  
P O BOX 863532

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ORLANDO, FL 32886-3532

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.938** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MIAMI DADE FIRE RESCUE DEPT  
9300 NW 41ST STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DORAL, FL 33178-2424

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.939** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MIAMI DADE POLICE DEPT FALSE ALARM  
7617 S W 117 AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MIAMI, FL 33183

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.940** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MIAMI DADE SOLID WASTE MGMT  
2525 NW 62ND STREET 5TH FLOOR

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MIAMI, FL 33147

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.941** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MIAMI-DADE COUNTY  
200 NW 2ND AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MIAMI, FL 33128

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.942** Priority creditor's name and mailing address

MIAMI-DADE COUNTY TAX COLLECTOR  
PO BOX 13701

MIAMI, FL 33101-3701

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.943** Priority creditor's name and mailing address

MIAMI-DADE TAX COLLECTOR  
140 W FLAGLER ST STE 1407

MIAMI, FL 33130

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.944** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MICHIGAN DEPARTMENT OF TREASURY  
PO BOX 30781

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LANSING, MI 48909-8281

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.945** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MINNEAPOLIS - LICENSES & CONSUMER  
SERVICES  
350 S 5TH STREET ROOM 1

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MINNEAPOLIS, MN 55415

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.946** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

MINNEAPOLIS FINANCE DEPT  
350 SOUTH 5TH ST ROOM 1

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MINNEAPOLIS, MN 55415-1391

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.947** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

MINNESOTA DEPT OF AGRICULTURE  
625 ROBERT ST N

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PAUL, MN 55155-2538

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Basis for the claim:**  
TAXING AUTHORITY

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.948** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MINNESOTA REVENUE  
MAIL STATION 1250

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ST PAUL, MN 55145-1250

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.949** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MISSISSIPPI STATE TAX COMMISSION  
PO BOX 960

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, MS 39205-0960

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.950** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MISSISSIPPI STATE TAX COMMISSION  
PO BOX 960

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, MS 39205-0960

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.951** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MISSOURI DEPARTMENT OF REVENUE  
PO BOX 700

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CITY, MO 65105-0700

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.952** Priority creditor's name and mailing address

MISSOURI DEPT OF AGRICULTURE  
P O BOX 630

CITY, MO 65102

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.953** Priority creditor's name and mailing address

MISSOURI DEPT OF REVENUE  
PO BOX 840

JEFFERSON CITY, MO 65105-0840

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.954** Priority creditor's name and mailing address

MISSOURI DEPT OF REVENUE  
PO BOX 840

JEFFERSON CITY, MO 65105-0840

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.955** Priority creditor's name and mailing address

MO DIRECTOR OF REVENUE  
1738 E ELM ST LOWER LEVEL EAST

CITY, MO 65101

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.956** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MOBILE CITY - TAX DIVISION  
PO BOX 11407

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35246

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.957** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MOBILE COUNTY  
PODRAWER 161009

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MOBILE, AL 36616

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.958** Priority creditor's name and mailing address

MOHAVE COUNTY  
313 E OAK STREET

KINGMAN, AZ 86402

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.959** Priority creditor's name and mailing address

MONROE COUNTY  
100 EAST KIRKWOOD AVENUE

BLOOMINGTON, IN 47404-5143

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.960** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MONTANA DEPARTMENT OF AGRICULTURE  
P O BOX 200201 303 N ROBERTS HELENA MT  
59620-0201

HELENA, MT 59620-0201

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.961** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MONTANA DEPARTMENT OF REVENUE  
PO BOX 8021

HELENA, MT 59604-8021

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.962** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MONTEREY COUNTY  
THE HONORABLE DEAN FLIPPO PO BOX 1131

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SALINAS, CA 93902

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.963** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MONTGOMERY COUNTY  
755 ROANOKE ST STE 1B

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CHRISTIANSBURG, VA 24073-3171

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.964** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

MONTGOMERY COUNTY  
755 ROANOKE ST STE 1B

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CHRISTIANSBURG, VA 24073-3171

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.965** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

MONTGOMERY COUNTY CLERK OF CC  
50 MARYLAND AVE ROOM 1300 MONTGOMERY  
COUNTY ROCKVILLE MD 20850

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

ROCKVILLE, MD 20850

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.966**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

MONTGOMERY COUNTY MD  
100 MARYLAND AVE ROOM 330 OFC OF  
CONSUMER PROTECT ROCKVILLE MD 20850

ROCKVILLE, MD 20850

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.967**

**Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

MOREHOUSE PARISH SU TAX COMMISSION  
PO BOX 672

BASTROP, LA 71221-0672

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      8      )**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.968** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MORGAN COUNTY  
PO BOX 1848

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DECATUR, AL 35602

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.969** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MORGAN COUNTY SALES TAX OFFICE  
PO BOX 1848

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DECATUR, AL 35602

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.970** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MS DEPARTMENT OF REVENUE  
PO BOX 23192

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, MS 39225-3192

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
FRANCHISE TAX

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☐ No  
☐ Yes

**2.971** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MS DEPT OF AGRICULTURE & COMMERCE  
P O BOX 1609 CONSUMER PROTECTION DIV  
JACKSON MS 39215-1609

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JACKSON, MS 39215-1609

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.972** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MS DEPT OF AGRICULTURE & COMMERCE  
P O BOX 1609 CONSUMER PROTECTION DIV  
JACKSON MS 39215-1609

JACKSON, MS 39215-1609

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.973** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPIO AUTONOMO DE ARECIBO  
PO BOX 1086

ARECIBO, PR 00613

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.974</b>	<b>Priority creditor's name and mailing address</b>		
	MUNICIPIO AUTONOMO DE CAGUAS	\$	UNDETERMINED
	PO BOX 907		
	CAGUAS, PR 00726		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	SALES TAX		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

		Total Claim	Priority
<b>2.975</b>	<b>Priority creditor's name and mailing address</b>		
	MUNICIPIO AUTONOMO DE MAYAGUEZ	\$	UNDETERMINED
	PO BOX 1852		
	MAYAGUEZ, PR 00681		
	<b>Date or dates debt was incurred</b>		
	Various		
	<b>Last 4 digits of account number</b>		
	<b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )</b>		
	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	<b>Basis for the claim:</b>		
	SALES TAX		
	<b>Is the claim subject to offset?</b>		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.976** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPIO AUTONOMO DE SAN GERMAN  
PO BOX 85

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SAN GERMAN, PR 00683

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.977** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPIO DE CAROLINA  
PO BOX 11877

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

SAN JUAN, PR 00910

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.978** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNCIPIO DE CAYEY  
PO BOX 371330

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

CAYEY, PR 00737

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.979** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

MUNCIPIO DE HORMIGUEROS  
PO BOX 97

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

HORMIGUEROS, PR 00660

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.980** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPIO DE JUANA DIAZ  
PO BOX 1409

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

JUANA DIAZ, PR 00795

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.981** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPIO DE VEGA ALTA  
PO BOX 1390

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VEGA ALTA, PR 00692

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.982** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPAL & SCHOOL INCOME TAXCAPITAL TAX  
COLLECTION BUREAU  
2301 NORTH THIRD ST

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

WILLIAMSPORT, PA 17701-9710

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.983** Priority creditor's name and mailing address As of the petition filing date, the claim is:

MUNICIPALITY OF SAN JUAN  
PO BOX 70179

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

SAN JUAN, PR 00936

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority	
<b>2.984</b>	<b>Priority creditor's name and mailing address</b> MUNICIPIO DE FAJARDO APARTADO 865  FAJARDO, PR 00738  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> <u>      </u> <u>      </u> <u>      </u> <u>      </u>  <b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>      8      </u> )</b>	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED	\$      UNDETERMINED

		Total Claim	Priority	
<b>2.985</b>	<b>Priority creditor's name and mailing address</b> MUNICIPIO DE GUAYAMA PO BOX 360  GUAYAMA, PR 00785  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> <u>      </u> <u>      </u> <u>      </u> <u>      </u>  <b>Specify Code subscription of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>      8      </u> )</b>	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED	\$      UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.986** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

MUNISERVICES LLC  
438 EAST SHAW AVENUE 367 FRESNO CA 93710

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (      )

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.987** **Priority creditor's name and mailing address** **As of the petition filing date, the claim is:**

NATCHITOCHES TAX COMMISSION  
PO BOX 639

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**Basis for the claim:**  
SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.988** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NATCHITOCHES TAX COMMISSION  
PO BOX 639

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NATCHITOCHES, LA 71458-0639

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.989** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NATICK BOARD OF HEALTH  
13 E CENTRAL ST NATICK MA 01760

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NATICK, MA 01760

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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**2.990** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NC ABC COMMISSION  
4307 MAIL SERVICE CENTER RALEIGH NC  
27699-4307

RALEIGH, NC 27699-4307

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.991** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NCDA PLANT INDUSTRY SEED  
1060 MAIL SERVICE CENTER RALEIGH NC  
27699-1060

RALEIGH, NC 27699-1060

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.992** Priority creditor's name and mailing address As of the petition filing date, the claim is:

ND DEPT OF AGRICULTURE  
600 E BOULEVARD AVE- DEPT 602 BISMARCK ND  
58505-0020

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

BISMARCK, ND 58505-0020

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

**2.993** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NEBRASKA DEPARTMENT OF REVENUE  
PO BOX 94818

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

LINCOLN, NE 68509

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.994</b>	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPARTMENT OF REVENUE PO BOX 94818  LINCOLN, NE 68509  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.995</b>	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPT OF AGRICULTURE P O BOX 94668  LINCOLN, NE 68509-4668  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.996** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NEBRASKA DEPT OF AGRICULTURE  
P O BOX 94668

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

LINCOLN, NE 68509-4668

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.997** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NEVADA DEPARTMENT OF TAXATION  
PO BOX 52609

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, NV 85072-2609

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.998** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NEVADA DEPARTMENT OF TAXATION  
PO BOX 52609

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, NV 85072-2609

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.999** Priority creditor's name and mailing address As of the petition filing date, the claim is:

NEVADA DEPARTMENT OF TAXATION  
PO BOX 52609

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PHOENIX, NV 85072-2609

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,000** Priority creditor's name and mailing address

NEW HAMPSHIRE DEPT OF REVENUE  
ADMINISTRATION  
PO BOX 637

CONCORD, NH 03302-0637

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,001** Priority creditor's name and mailing address

NEW JERSEY LITTER CONTROL TAX  
PO BOX 274

TRENTON, NJ 08646

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,002** Priority creditor's name and mailing address

NEW MEXICO TAXATION AND REVENUE  
DEPARTMENT  
PO BOX 25127

SANTA FE, NM 87504-5127

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,003** Priority creditor's name and mailing address

NEW YORK STATE SALES TAX  
NYS SALES TAX PROCESSING JAF BUILDING PO  
BOX 1208

NEW YORK, NY 101161208

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,004** Priority creditor's name and mailing address

NEZ PERCE COUNTY AUDITOR'S OFFICE  
1230 MAIN ST PO BOX 896

LEWISTON, ID 83501

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,005** Priority creditor's name and mailing address

NH DEPT OF AGRICULTURE  
29 HAZEN DRIVE LAB D

CONCORD, NH 03301

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,006** Priority creditor's name and mailing address

NH STATE LIQUOR COMMISSION  
P O BOX 1795 10 COMMERCIAL STREET

CONCORD, NH 03302-1795

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,007** Priority creditor's name and mailing address

NILES CITY INCOME TAX DEPARTMENT  
34 W STATE ST

NILES, OH 44446

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,008** Priority creditor's name and mailing address

NJ DEPT OF AGRICULTURE  
P O BOX 332

TRENTON, NJ 08625-0332

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,009** Priority creditor's name and mailing address

NJ DEPT OF AGRICULTURE  
P O BOX 332

TRENTON, NJ 08625-0332

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,010** Priority creditor's name and mailing address

NM DEPT OF AGRICULTURE  
P O BOX 30005

CRUCES, NM 88003-8005

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,011** Priority creditor's name and mailing address

NORTH CAROLINA DEPT OF REVENUE  
PO BOX 25000

RALEIGH, NC 27640-0100

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,012** Priority creditor's name and mailing address

NORTH CAROLINA DEPT OF REVENUE  
PO BOX 25000

RALEIGH, NC 27640-0100

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,013** Priority creditor's name and mailing address

NORTH CAROLINA DEPT OF REVENUE  
PO BOX 25000

RALEIGH, NC 27640-0100

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,014** Priority creditor's name and mailing address

NORTH CAROLINA DEPT OF REVENUE  
PO BOX 25000

RALEIGH, NC 27640-0100

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,015** Priority creditor's name and mailing address

NORTH DAKOTA OFFICE OF STATE TAX  
COMMISSIONER  
600 E BOULEVARD AVE DEPT 127

BISMARCK, ND 58505-0599

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,016** Priority creditor's name and mailing address

NORTH DAKOTA TAX COMMISSIONER  
PO BOX 5623

BISMARCK, ND 58506-5623

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,017** Priority creditor's name and mailing address

NORTH DAKOTA TAX COMMISSIONER  
PO BOX 5623

BISMARCK, ND 58506-5623

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,018** Priority creditor's name and mailing address

NORTH FRANKLIN TOWNSHIP  
620 FRANKLIN FARMS ROAD

WASHINGTON, PA 15301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,019** Priority creditor's name and mailing address

NORTHERN KENTUCKY DISTRICT  
610 MEDICAL VILLAGE DR

EDGEWOOD, KY 41017

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,020** Priority creditor's name and mailing address

NV DEPARTMENT OF MOTOR VEHICLES  
555 WRIGHT WAY

CITY, NV 89711

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,021** Priority creditor's name and mailing address

NV DEPT OF AGRICULTURE  
405 SOUTH 21ST STREET

SPARKS, NV 89431

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,022** Priority creditor's name and mailing address

NV STATE FIRE MARSHAL DIVISION  
107 JACOBSEN WAY

CITY, NV 89711

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,023** Priority creditor's name and mailing address

NY COMMISSIONER OF MOTOR VEHICLES  
6 EMPIRE STATE PLAZA ROOM 220

ALBANY, NY 12228-0001

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,024** Priority creditor's name and mailing address

NY DEPT OF AGRICULTURE & MARKETS  
10B AIRLINE DRIVE

ALBANY, NY 12235

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,025** Priority creditor's name and mailing address

NY STATE DEPT OF HEALTH  
28 HILL ST STE 201

ONEONTA, NY 13820

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,026** Priority creditor's name and mailing address

NYC DEPARTMENT OF FINANCE  
PO BOX 3644

YORK, NY 10008-3644

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,027** Priority creditor's name and mailing address

NYC DEPARTMENT OF FINANCE  
PO BOX 3644

YORK, NY 10008-3644

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,028** Priority creditor's name and mailing address

NYC FIRE DEPT  
PO BOX 412014

BOSTON, MA 02241-2014

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,029** Priority creditor's name and mailing address

NYS CORPORATION TAX  
PO BOX 15181

ALBANY, NY 12212-5181

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,030** Priority creditor's name and mailing address

NYS SALES TAX PROCESSING  
PO BOX 15172

ALBANY, NY 12212

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,031** Priority creditor's name and mailing address

OCCUPATIONAL TAX ADMINISTRATOR  
PO BOX 10008

OWENSBORO, KY 42302-9008

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,032** Priority creditor's name and mailing address

OFFICE OF COUNTY CLERK  
411 JULES ST ROOM 121

JOSEPH, MO 64501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,033** Priority creditor's name and mailing address

OFFICE OF TAX AND REVENUE  
PO BOX 96148

WASHINGTON, DC 20090-6148

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,034** Priority creditor's name and mailing address

OFFICE OF THE ATTORNEY GENERAL  
590 SOUTH MARINE CORPS DR 70GUAM ST  
DISBURSMENT UNIT

TAMUNING, GU 96913

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,035** Priority creditor's name and mailing address

OFICINA DE RECAUDACIONES  
APARTADO 7890

GUAYNABO, PR 00970

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,036** Priority creditor's name and mailing address

OH DEPT OF AGRICULTURE  
8995 E MAIN ST

REYNOLDSBURG, OH 43068

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,037** Priority creditor's name and mailing address

OH DIVISION OF LIQUOR CONTROL  
P O BOX 4005 6606 TUSSING RD

REYNOLDSBURG, OH 43068-9005

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,038** Priority creditor's name and mailing address

OHIO DEPARTMENT OF TAXATION  
4485 NORTHLAND RIDGE BLVD

COLUMBUS, OH 43229

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,039** Priority creditor's name and mailing address

OHIO DEPT OF TAXATION  
30 E BROAD ST 20TH FLOOR

COLUMBUS, OH 43215

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,040** Priority creditor's name and mailing address

OHIO DEPT OF TAXATION  
30 E BROAD ST - 20TH FLOOR

COLUMBUS, OH 43215

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,041** Priority creditor's name and mailing address

OHIO DEPT OF TAXATION  
30 E BROAD ST - 20TH FLOOR

COLUMBUS, OH 43215

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,042** Priority creditor's name and mailing address

OK DEPT OF AGRICULTURE  
2800 NORTH LINCOLN BLVD

CITY, OK 73105

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,043** Priority creditor's name and mailing address

OKALOOSA COUNTY  
151-C N EGLIN PARKWAY

FT WALTON BEACH, FL 32548

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,044** Priority creditor's name and mailing address

OKLAHOMA DEPT OF AGRICULTURE  
PO BOX 528804

CITY, OK 73152-8804

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,045** Priority creditor's name and mailing address

OKLAHOMA STATE DEPT OF HEALTH  
P O BOX 268815

CITY, OK 73126-8815

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,046** Priority creditor's name and mailing address

OKLAHOMA TAX COMMISSION  
PO BOX 26850

OKLAHOMA CITY, OK 73126

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,047** Priority creditor's name and mailing address

OKLAHOMA TAX COMMISSION  
PO BOX 26850

OKLAHOMA CITY, OK 73126

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,048** Priority creditor's name and mailing address

OKLAHOMA TAX COMMISSION  
PO BOX 26850

OKLAHOMA CITY, OK 73126

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,049** Priority creditor's name and mailing address

ONE-STOP LICENSING  
P O BOX 8003

HELENA, MT 59604-8003

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,050** Priority creditor's name and mailing address

ORANGE COUNTY  
THE HONORABLE TONY RACKAUCKAS 401 CIVIC  
CENTER DRIVE WEST  
SANTA ANA, CA 92701

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,051** Priority creditor's name and mailing address

ORANGE COUNTY BD OF CTY COMM  
PO BOX 4958

ORLANDO, FL 32802

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,052** Priority creditor's name and mailing address

ORANGE COUNTY HEALTH CARE AGENCY  
1241 E DYER ROAD STE 120

ANA, CA 92705-5611

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,053** Priority creditor's name and mailing address

ORANGE COUNTY TREASURER  
PO BOX 4005

ANA, CA 92702-4005

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,054** Priority creditor's name and mailing address

OREGON BOARD OF PHARMACY  
800 NE OREGON ST SUITE 150

PORTLAND, OR 97232

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,055** Priority creditor's name and mailing address

OREGON DEPARTMENT OF REVENUE  
PO BOX 14790

SALEM, OR 97309-0470

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,056** Priority creditor's name and mailing address

OREGON DEPARTMENT OF AGRICULTURE  
P O BOX 4395 UNIT 17

PORTLAND, OR 97208-4395

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,057** Priority creditor's name and mailing address

OREGON LIQUOR CONTROL COMMISSION  
P O BOX 22297

MILWAUKIE, OR 97269

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,058** Priority creditor's name and mailing address

OSCEOLA CTY BD OF CTY COMM  
17 S VERNON AVE

KISSIMMEE, FL 34741

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,059** Priority creditor's name and mailing address

PA DEPARTMENT OF REVENUE  
PO BOX 280708

HARRISBURG, PA 17128-0708

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,060** Priority creditor's name and mailing address

PA DEPT OF HEALTH  
132 KLINE PLAZA SUITE A

HARRISBURG, PA 17104

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,061** Priority creditor's name and mailing address

PA DEPT OF REVENUE  
DEPARTMENT 280434

HARRISBURG, PA 17128

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,062** Priority creditor's name and mailing address

PA MUNICIPAL CODE ALLIANCE  
380 WAYNE AVENUE

CHAMBERSBURG, PA 17201

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,063** Priority creditor's name and mailing address

PAINTCARE  
PO BOX 5247

PORTLAND, OR 97208

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,064** Priority creditor's name and mailing address

PALM BEACH COUNTY  
PO BOX 3353

BEACH, FL 33402-3353

Date or dates debt was incurred  
Various

Last 4 digits of  
account number                            

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,065** Priority creditor's name and mailing address

PARISH OF CALDWELL  
PO BOX 280

VIDALIA, LA 71373

Date or dates debt was incurred  
Various

Last 4 digits of  
account number                            

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (       8       )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,066** Priority creditor's name and mailing address

PARISH OF EAST CARROLL  
PO BOX 130

VIDALIA, LA 71373

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,067** Priority creditor's name and mailing address

PARISH OF ST MARY  
PO BOX 1279

MORGAN CITY, LA 70381

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,068** Priority creditor's name and mailing address

PARISH SALES TAX FUND  
PO BOX 670

HOUMA, LA 70361

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,069** Priority creditor's name and mailing address

PASCO COUNTY  
P O BOX 276

DADE CITY, FL 33526

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,070** Priority creditor's name and mailing address

PEACHTREE CITY  
151 WILLOWBEND ROAD

CITY, GA 30269

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,071** Priority creditor's name and mailing address

PENNSYLVANIA DEPT OF REVENUE  
DEPARTMENT 280417

HARRISBURG, PA 17128-0417

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,072** Priority creditor's name and mailing address

PIMA COUNTY HEALTH DEPT  
3950 S COUNTRY CLUB ROAD STE 100

TUCSON, AZ 85714

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,073** Priority creditor's name and mailing address

PLACER CO ENVIRONMENTAL HEALTH  
3091 COUNTY CENTER DR STE 180

AUBURN, CA 95603

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,074** Priority creditor's name and mailing address

PLAQUEMINES PARISH  
8056 HIGHWAY 23 SUITE 201 C

BELLE CHASE, LA 70037

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,075** Priority creditor's name and mailing address

PLEASANT HILLS MERCANTILE TAX COLLECT  
PO BOX 10931

PITTSBURGH, PA 15236

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,076** Priority creditor's name and mailing address

POINTE COUPEE PARISH  
PO BOX 290

NEW ROADS, LA 70760

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,077** Priority creditor's name and mailing address

POLK COUNTY  
P O BOX 2016

BARTOW, FL 33831

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,078** Priority creditor's name and mailing address

POLK COUNTY BOARD OF COMM  
PO BOX 988

BARTOW, FL 33831

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,079** Priority creditor's name and mailing address

PORTER CO HEALTH DEPT  
155 INDIANA AVE SUITE 104

VALPARAISO, IN 46383-5548

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,080** Priority creditor's name and mailing address

PORTLANDMULTNOMAH COUNTY  
111 SW COLUMBIA ST SUITE 600

PORTLAND, OR 97201-5840

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,081** Priority creditor's name and mailing address

PRINCE GEORGE'S COUNTY HEALTH DEPT  
9400 PEPPERCORN PLACE

LARGO, MD 20774

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,082** Priority creditor's name and mailing address

PRINCE WILLIAM COUNTY  
PO BOX 2467

WOODBRIDGE, VA 22195-2467

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,083** Priority creditor's name and mailing address

PUEBLO CITY-CO HEALTH DEPT  
101 W 9TH STREET

PUEBLO, CO 81003

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,084** Priority creditor's name and mailing address

PUERTO RICO TREASURY  
PO BOX 9022501

SAN JUAN, PR 00902-2501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,085** Priority creditor's name and mailing address

PULASKI COUNTY GOVERNMENT  
PO BOX 658

SOMERSE, OH 42502-0658

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,086** Priority creditor's name and mailing address

QUEEN ANNE'S COUNTY  
100 COURT HOUSE SQUARE

CENTREVILLE, MD 21617

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,087** Priority creditor's name and mailing address

QUEEN ANNE'S COUNTY DEPT OF HEALTH  
206 N COMMERCE ST

CENTREVILLE, MD 21617

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,088** Priority creditor's name and mailing address

RAPIDES PARISH  
PO BOX 60090

NEW ORLEANS, LA 70160-0090

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,089** Priority creditor's name and mailing address

RDS-LA OCCUPATIONAL LICENSE TAX  
9618 JEFFERSON HWY SUITE D 334

ROUGE, LA 70809

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,090 Priority creditor's name and mailing address**

RED RIVER TAX AGENCY  
PO BOX 570

COUSHATTA, LA 71019

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,091 Priority creditor's name and mailing address**

REGIONAL INCOME TAX AGENCY  
PO BOX 89475

CLEVELAND, OH 44101-6475

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,092** Priority creditor's name and mailing address

RHODE ISLAND DIVISION OF TAXATION  
ONE CAPITOL HILL

PROVIDENCE, RI 02908-5811

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**                               

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,093** Priority creditor's name and mailing address

RICHLAND COUNTY  
P O BOX 192

COLUMBIA, SC 29202

**Date or dates debt was incurred**  
Various

**Last 4 digits of account number**                               

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,094** Priority creditor's name and mailing address

RICHLAND PARISH TAX COMMISSION  
PO BOX 688

RAYVILLE, LA 71269

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                               

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,095** Priority creditor's name and mailing address

RIDLEY TOWNSHIP  
PO BOX 38

BRIDGEPORT, PA 19405

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                               

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.1,096</b>	<b>Priority creditor's name and mailing address</b>  ROCKAWAY TOWNSHIP HEALTH DEPARTMENT 65 MOUNT HOPE ROAD  ROCKAWAY, NJ 07866  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED      \$      UNDETERMINED

		Total Claim	Priority
<b>2.1,097</b>	<b>Priority creditor's name and mailing address</b>  RUSSELL COUNTY GOVERNMENT PO BOX 7  JAMESTOW, OH 42629  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED      \$      UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,098** Priority creditor's name and mailing address

SABINE PARISH  
PO BOX 249

MANY, LA 71449

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,099** Priority creditor's name and mailing address

SAGINAW CHARTER TWP CLERK  
4980 SHATTUCK ROAD

SAGINAW, MI 48603

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,100** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

SAINT CHARLES COUNTY  
201 N SECOND ST

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

CHARLES, MO 63301

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,101** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

SAINT PETERS CITY  
ONE ST PETERS CENTRE BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PETERS, MO 63376

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,102** Priority creditor's name and mailing address

SALES AND EXCISE TAX  
915 SW HARRISON ST

TOPEKA, KS 66625-5000

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,103** Priority creditor's name and mailing address

SALES AND EXCISE TAX  
915 SW HARRISON ST

TOPEKA, KS 66625-5000

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,104** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

SALES TAX AUDITING & COLLECTION  
PO BOX 3989

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MUSCLE SHOALS, AL 35662

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,105** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

SALES TAX DIVISION  
PO BOX 830725

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BIRMINGHAM, AL 35283

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:

Last 4 digits of  
account number

SALES TAX

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,106** Priority creditor's name and mailing address

SAN BENITO COUNTY  
THE HONORABLE CANDICE HOOPER-MANCINO  
419 4TH STREET

HOLLISTER, CA 95023

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                               

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,107** Priority creditor's name and mailing address

SAN BENITO COUNTY  
THE HONORABLE CANDICE HOOPER-MANCINO  
419 4TH STREET

HOLLISTER, CA 95023

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**                               

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,108** Priority creditor's name and mailing address

SAN BERNARDINO CITY CLERK  
P O BOX 1318

BERNARDINO, CA 92402

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,109** Priority creditor's name and mailing address

SAN FRANCISCO TAX COLLECTOR  
P O BOX 7425

FRANCISCO, CA 94120-7425

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,110** Priority creditor's name and mailing address

SAN MATEO CO WEIGHTS & MEASURES  
P O BOX 999

CITY, CA 94064

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,111** Priority creditor's name and mailing address

SANGAMON COUNTY DEPT OF HEALTH  
2833 SOUTH GRAND AVE EAST

SPRINGFIELD, IL 62703

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,112** Priority creditor's name and mailing address

SANTA CLARA COUNTY WEIGHTS & MEASURES  
1553 BERGER DRIVE BUILDING 1

JOSE, CA 95112

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,113** Priority creditor's name and mailing address

SC DEPARTMENT OF AGRICULTURE  
123 BALLARD COURT

COLUMBIA, SC 29172

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,114** Priority creditor's name and mailing address

SC DEPT OF REVENUE  
P O BOX 125 ABL SECTION

COLUMBIA, SC 29214-0907

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,115** Priority creditor's name and mailing address

SD DEPT OF AGRICULTURE  
523 E CAPITOL AVENUE

PIERRE, SD 57501-3182

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,116** Priority creditor's name and mailing address

SECRETARIA DE FINANZIAS  
PO BOX 1

YAUCO, PR 00698

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,117** Priority creditor's name and mailing address

SECRETARY OF THE  
COMMONWEALTH CORPORATIONS DIVISION  
ONE ASHBURTON PLACE 17TH FLOOR

BOSTON, MA 02108-1512

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,118** Priority creditor's name and mailing address

SEMINOLE COUNTY  
P O BOX 630

SANFORD, FL 32772-0630

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,119** Priority creditor's name and mailing address

SENECA COUNTY GENERAL HEALTH DISTRICT  
71 S WASHINGTON STREET SUITE 1102

TIFFIN, OH 44883

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.1,120</b>	<b>Priority creditor's name and mailing address</b>  SHELBY COUNTY BUSINESS REVENUE OFFICE PO BOX 800  COLUMBIANA, AL 35051  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>8</u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>  \$ <u>UNDETERMINED</u>

		Total Claim	Priority
<b>2.1,121</b>	<b>Priority creditor's name and mailing address</b>  SIOUXLAND DISTRICT HEALTH DEPT 1014 NEBRASKA ST  CITY, IA 51105  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>      </u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>  \$ <u>UNDETERMINED</u>

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,122** Priority creditor's name and mailing address

SKAGIT COUNTY HEALTH DEPT  
1800 CONTINENTAL PLACE

VERNON, WA 98273

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,123** Priority creditor's name and mailing address

SOMERVILLE CITY  
93 HIGHLAND AVE

GREENFIELD, MA 02143

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,124** Priority creditor's name and mailing address

SONOMA COUNTY  
THE HONORABLE JILL RAVITCH 600  
ADMINISTRATION DRIVE ROOM 212J

SANTA ROSA, CA 95403

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,125** Priority creditor's name and mailing address

SOUTH CAROLINA TAX COMMISSION  
PO BOX 125

COLUMBIA, SC 29214

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority	
<b>2.1,126</b>	<b>Priority creditor's name and mailing address</b>  SOUTH DAKOTA DEPARTMENT OF REVENUE POST OFFICE BOX 5055  _____ SIOUX FALLS, SD 57117-5055  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>8</u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>

		Total Claim	Priority	
<b>2.1,127</b>	<b>Priority creditor's name and mailing address</b>  SOUTH DAKOTA DEPARTMENT OF REVENUE POST OFFICE BOX 5055  _____ SIOUX FALLS, SD 57117-5055  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>      </u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>UNDETERMINED</u>	\$ <u>UNDETERMINED</u>

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.1,128</b>	<b>Priority creditor's name and mailing address</b>  SOUTH DAKOTA DEPARTMENT OF REVENUE POST OFFICE BOX 5055  _____ SIOUX FALLS, SD 57117-5055  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED \$      UNDETERMINED

		Total Claim	Priority
<b>2.1,129</b>	<b>Priority creditor's name and mailing address</b>  SOUTH DAKOTA DEPT OF AGRICULTURE 523 EAST CAPITAL AVE FOSS BLDG  _____ PIERRE, SD 57501-3481  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> _____  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( _____ )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AUTHORITY  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$      UNDETERMINED \$      UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,130** Priority creditor's name and mailing address

SOUTHERN NEVADA HEALTH DISTRICT  
PO BOX 3902

VEGAS, NV 89107

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,131** Priority creditor's name and mailing address

SOUTHERN NEVADA HEALTH DISTRICT  
PO BOX 3902

VEGAS, NV 89107

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,132** Priority creditor's name and mailing address

SPOKANE REGIONAL HEALTH DISTRICT  
1101 W COLLEGE AVE STE 402

SPOKANE, WA 99201-2095

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,133** Priority creditor's name and mailing address

SPOTSYLVANIA CO  
P O BOX 175

SPOTSYLVANIA, VA 22553

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,134** Priority creditor's name and mailing address

ST CHARLES PARISH SCHOOL BOARD  
13855 RIVER ROAD

LULING, LA 70070

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,135** Priority creditor's name and mailing address

ST CHARLES PARISH SHERRIFF  
PO BOX 440

HAHNVILLE, LA 70057

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,136** Priority creditor's name and mailing address

ST CLAIR COUNTY SALES TAX  
165 5TH AVENUE SUITE 102

ASHVILLE, AL 35953

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,137** Priority creditor's name and mailing address

ST HELENA PARISH  
PO 1205

GREENSBURG, LA 70441

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**2.1,138** Priority creditor's name and mailing address

ST JAMES PARISH SCHOOL BOARD  
PO BOX 368

LUTCHER, LA 70071

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,139** Priority creditor's name and mailing address

ST LANDRY PARISH SCHOOL BOARD  
PO BOX 1210

OPELOUSAS, LA 70571

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,140** Priority creditor's name and mailing address

ST MARTIN PARISH SCHOOL BOARD  
PO BOX 1000

BREAUX BRIDGE, LA 70517

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,141** Priority creditor's name and mailing address

STARK COUNTY HEALTH DEPARTMENT  
3951 CONVENIENCE CIRCLE NW

CANTON, OH 44718

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,142** Priority creditor's name and mailing address

STARK COUNTY TREASURER  
110 CENTRAL PLAZA SOUTH SUITE 210

CANTON, OH 44702

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,143** Priority creditor's name and mailing address

STATE BOARD OF EQUALIZATION  
PO BOX 942879

SACRAMENTO, CA 94279

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,144** Priority creditor's name and mailing address

STATE BOARD OF EQUALIZATION  
PO BOX 942879

SACRAMENTO, CA 94279

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,145** Priority creditor's name and mailing address

STATE BOARD OF EQUALIZATION  
PO BOX 942879

SACRAMENTO, CA 94279

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,146** Priority creditor's name and mailing address

STATE DEPARTMENT OF REVENUE  
PO BOX 327790

MONTGOMERY, AL 36132

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,147** Priority creditor's name and mailing address

STATE OF ALASKA  
PO BOX 110420

JUNEAU, AK 99811-0420

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,148** Priority creditor's name and mailing address

STATE OF CALIFORNIA  
PO BOX 989001

SACRAMENTO, CA 95798-9001

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,149** Priority creditor's name and mailing address

STATE OF CONNECTICUT  
79 ELM STREET

HARTFORD, CT 06106

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,150** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

STATE OF CONNECTICUT  
79 ELM STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HARTFORD, CT 06106

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,151** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

STATE OF CONNECTICUT  
79 ELM STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HARTFORD, CT 06106

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,152** Priority creditor's name and mailing address

STATE OF DELAWARE  
PO BOX 2340

WILMINGTON, DE 19899

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,153** Priority creditor's name and mailing address

STATE OF DELAWARE  
PO BOX 2340

WILMINGTON, DE 19899

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,154** Priority creditor's name and mailing address

STATE OF IDAHO  
700 S STRATFORD DR STE 115

MERIDIAN, ID 83642

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,155** Priority creditor's name and mailing address

STATE OF IOWA  
PO BOX 10455

DES MOINES, IA 50306

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,156** Priority creditor's name and mailing address

STATE OF MICHIGAN  
P O BOX 30255

LANSING, MI 48909

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,157** Priority creditor's name and mailing address

STATE OF MICHIGAN  
P O BOX 30255

LANSING, MI 48909

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,158** Priority creditor's name and mailing address

STATE OF MICHIGAN  
P O BOX 30255

LANSING, MI 48909

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,159** Priority creditor's name and mailing address

STATE OF MICHIGAN-DEPT OF TREASURY  
PO BOX 77003

DETROIT, MI 48277

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,160** Priority creditor's name and mailing address

STATE OF MISSOURI  
PO BOX 630

CITY, MO 65102

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,161** Priority creditor's name and mailing address

STATE OF NEW HAMPSHIRE  
PO BOX 2035

CONCORD, NH 03302

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,162** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

STATE OF NEW JERSEY  
DCA BFCE DORIS PO BOX 663

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TRENTON, NJ 08646

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,163** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

STATE OF NEW JERSEY  
DCA BFCE DORIS PO BOX 663

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TRENTON, NJ 08646

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,164** Priority creditor's name and mailing address

STATE OF NEW JERSEY - DIVISION OF  
TAXATION  
PO BOX 999

TRENTON, NJ 08646

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,165** Priority creditor's name and mailing address

STATE OF NEW JERSEY - DIVISION OF  
TAXATION  
PO BOX 999

TRENTON, NJ 08646

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,166** Priority creditor's name and mailing address

STATE OF NEW JERSEY - DIVISION OF  
TAXATION  
PO BOX 999

TRENTON, NJ 08646

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,167** Priority creditor's name and mailing address

STATE OF NEW JERSEY DEPARTMENT OF THE  
TREASURY  
50 BARRACK STREET

TRENTON, NJ 08695

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,168** Priority creditor's name and mailing address

STATE OF NEW MEXICO  
PO BOX 630

SANTA FE, NM 87509-

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,169** Priority creditor's name and mailing address

STATE OF NH FOOD PROTECTION  
29 HAZEN DRIVE

CONCORD, NH 03301-6504

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,170** Priority creditor's name and mailing address

STATE OF RHODE ISLAND  
ONE CAPITOL HILL

PROVIDENCE, RI 02908

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,171** Priority creditor's name and mailing address

STATE OF SOUTH CAROLINA  
PO BOX 125

COLUMBIA, SC 29214

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,172** Priority creditor's name and mailing address

STATE OF SOUTH CAROLINA  
PO BOX 125

COLUMBIA, SC 29214

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,173** Priority creditor's name and mailing address

STATE OF SOUTH CAROLINA  
PO BOX 125

COLUMBIA, SC 29214

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,174** Priority creditor's name and mailing address

STATE OF WASHINGTON  
PO BOX 34456

SEATTLE, WA 98124-1456

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,175** Priority creditor's name and mailing address

STATE OF WASHINGTON  
PO BOX 34456

SEATTLE, WA 98124-1456

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,176** Priority creditor's name and mailing address

STATE OF WISCONSIN  
517 E WISCONSIN AVE

MILWAUKEE, WI 53202

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,177** Priority creditor's name and mailing address

SU TAX OFFICE  
PO BOX 2066

LAPLACE, LA 70069

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,178** Priority creditor's name and mailing address

SUFFOLK COUNTY CONSUMER AFFAIRS  
725 VETERANS MEMORIAL HIGHWAY

HAUPPAUGE, NY 11788

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,179** Priority creditor's name and mailing address

SUMMIT COUNTY HEALTH DISTRICT  
1867 WEST MARKET ST

AKRON, OH 44313

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,180** Priority creditor's name and mailing address

SUMMIT COUNTY TREASURER  
1030 E TALLMADGE AVE

AKRON, OH 44310

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,181** Priority creditor's name and mailing address

SWATARA TOWNSHIP  
599 EISENHOWER BLVD

HARRISBURG, PA 17111

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,182** Priority creditor's name and mailing address

TANGIPAHOA PARISH SCHOOL SYSTEM  
PO BOX 159

AMITE, LA 70422-0159

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,183** Priority creditor's name and mailing address

TAX COLLECTOR  
PO BOX 61041

SLIDELL, LA 70161-1041

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,184** Priority creditor's name and mailing address

TAX TRUST ACCOUNT-RDS  
PO BOX 830900

BIRMINGHAM, AL 35283-0900

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,185** Priority creditor's name and mailing address

TENNESSEE DEPARTMENT OF REVENUE  
500 DEADERICK ST

NASHVILLE, TN 37242

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,186** Priority creditor's name and mailing address

TENNESSEE DEPT OF REVENUE  
500 DEADERICK STREET

NASHVILLE, TN 37242

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,187** Priority creditor's name and mailing address

TENNESSEE DEPT OF REVENUE  
500 DEADERICK STREET

NASHVILLE, TN 37242

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,188** Priority creditor's name and mailing address

TENNESSEE DEPT OF REVENUE  
500 DEADERICK STREET

NASHVILLE, TN 37242

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,189** Priority creditor's name and mailing address

TENNESSEE DEPT OF REVENUE  
500 DEADERICK STREET

NASHVILLE, TN 37242

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,190** Priority creditor's name and mailing address

TENSAS PARISH SALES TAX FUND  
PO BOX 430

VIDALIA, LA 71373

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,191** Priority creditor's name and mailing address

THE BOROUGH OF WEST VIEW  
441 PERRY HWY

PITTSBURGH, PA 15229

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,192** Priority creditor's name and mailing address

THE TOWN OF KIAWAH ISLAND  
21 BEACHWALKER DR

ISLAND, SC 29455

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,193** Priority creditor's name and mailing address

TN DEPARTMENT OF AGRICULTURE  
PO BOX 111359

NASHVILLE, TN 37222-1359

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,194** Priority creditor's name and mailing address

TN DEPT OF AGRICULTURE  
PO BOX 111359

NASHVILLE, TN 37222-1359

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,195** Priority creditor's name and mailing address

TOWN OF ACTON  
472 MAIN STREET

ACTON, MA 01720-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,196** Priority creditor's name and mailing address

TOWN OF ADDISON  
PO BOX 98

ADDISON, AL 35540

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,197** Priority creditor's name and mailing address

TOWN OF APPLE VALLEY  
14955 DALE EVANS PARKWAY

VALLEY, CA 92307

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,198** Priority creditor's name and mailing address

TOWN OF AUBURN  
104 CENTRAL STREET

AUBURN, MA 01501

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,199** Priority creditor's name and mailing address

TOWN OF AVON  
PO BOX 151590

LAKEWOOD, CO 80215

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,200** Priority creditor's name and mailing address

TOWN OF BARNSTABLE  
200 MAIN STREET

HYANNIS, MA 02601-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,201** Priority creditor's name and mailing address

TOWN OF BEATRICE  
PO BOX 56

BEATRICE, AL 36425

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,202** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF BERLIN  
23 LINDEN STREET

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BERLIN, MA 01503

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,203** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF BERRY  
30 SCHOOL AVENUE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

BERRY, AL 35546

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,204** Priority creditor's name and mailing address

TOWN OF BLACK  
PO BOX 301

BLACK, AL 36314

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,205** Priority creditor's name and mailing address

TOWN OF BLOUNTSVILLE  
PO BOX 186

BLOUNTSVILLE, AL 35031

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,206** Priority creditor's name and mailing address

TOWN OF BRAINTREE  
90 POND STREET

BRAINTREE, MA 02184

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,207** Priority creditor's name and mailing address

TOWN OF BRANTLEY  
PO BOX 44

BRANTLEY, AL 36009

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,208** Priority creditor's name and mailing address

TOWN OF BRECKINRIDGE  
PO BOX 1237

BRECKINRIDGE, CO 80424

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,209** Priority creditor's name and mailing address

TOWN OF BROOKWOOD  
16048 HWY 216

BROOKWOOD, AL 35444

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,210** Priority creditor's name and mailing address

TOWN OF CARBONDALE  
511 COLORADO AVENUE

CARBONDALE, CO 81623

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,211** Priority creditor's name and mailing address

TOWN OF CARROLLTON  
P O BOX 169

CARROLLTON, AL 33447

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,212** Priority creditor's name and mailing address

TOWN OF CASTLE ROCK  
PO BOX 17906

DENVER, CO 80217-0383

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,213** Priority creditor's name and mailing address

TOWN OF CEDAR BLUFF  
PO BOX 38

BLUFF, AL 35959

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,214** Priority creditor's name and mailing address

TOWN OF CEDAR GROVE  
302 ALEXANDER ST

GROVE, WV 25039

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,215** Priority creditor's name and mailing address

TOWN OF CHRISTIANSBURG  
100 E MAIN ST

CHRISTIANSBURG, VA 24073-3029

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,216** Priority creditor's name and mailing address

TOWN OF CINCO BAYOU  
10 YACHT CLUB DRIVE

BAYOU, FL 32548-4436

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,217** Priority creditor's name and mailing address

TOWN OF CLAYTON  
PO BOX 385

CLAYTON, AL 36016

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,218 Priority creditor's name and mailing address**

TOWN OF COFFEE SPRINGS  
P O BOX 8

SPRINGS, AL 36318

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,219 Priority creditor's name and mailing address**

TOWN OF COKER  
P O BOX 278

COKER, AL 35452

**Date or dates debt was incurred**  
Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (      )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,220** Priority creditor's name and mailing address

TOWN OF COLLIERVILLE  
500 POPLAR AVE W

COLLIERVILLE, TN 38017

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,221** Priority creditor's name and mailing address

TOWN OF COLLINSVILLE  
PO BOX 390

COLLINSVILLE, AL 35961

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,222** Priority creditor's name and mailing address

TOWN OF COOSADA  
P O BOX 96

COOSADA, AL 36020-0096

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,223** Priority creditor's name and mailing address

TOWN OF CRESTED BUTTE  
PO BOX 39

CRESTED BUTTE, CO 81224

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,224** Priority creditor's name and mailing address

TOWN OF CUTLER BAY  
10720 CARIBBEAN BLVD SUITE 105

BAY, FL 33189

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,225** Priority creditor's name and mailing address

TOWN OF DARTMOUTH  
400 SLOCUM ROAD

DARTMOUTH, MA 02747-0985

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,226** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF DAUPHIN ISLAND  
1011 BIENVILLE BLVD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ISLAND, AL 36528

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,227** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF DUTTON  
P O BOX 6

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DUTTON, AL 35744

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,228** Priority creditor's name and mailing address

TOWN OF ECLECTIC  
PO BOX 240430

ECLECTIC, AL 36024

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,229** Priority creditor's name and mailing address

TOWN OF EDGEFIELD  
400 MAIN STREET

EDGEFIELD, SC 29824-1302

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,230** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF EVA  
PO BOX 456

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

DECATUR, AL 35602

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

- ☐ No  
☐ Yes

**2.1,231** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF EXCEL  
P O BOX 369

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

EXCEL, AL 36439

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

TAXING AUTHORITY

Last 4 digits of  
account number

Is the claim subject to offset?

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,232** Priority creditor's name and mailing address

TOWN OF FALKVILLE  
P O BOX 407

FALKVILLE, AL 35622

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,233** Priority creditor's name and mailing address

TOWN OF FRISCO  
1ST AND MAIN ST

FRISCO, CO 80443

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,234** Priority creditor's name and mailing address

TOWN OF GEORGETOWN  
PO BOX 589

GEORGETOWN, DE 19947

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,235** Priority creditor's name and mailing address

TOWN OF GREAT FALLS  
PO BOX 177

FALLS, SC 29055

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,236** Priority creditor's name and mailing address

TOWN OF GRIFFITH  
111 N BROAD STREET

GRIFFITH, IN 46319-2294

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$      UNDETERMINED

**Priority**

\$      UNDETERMINED

**2.1,237** Priority creditor's name and mailing address

TOWN OF GUNNISON  
PO BOX 239

GUNNISON, CO 81230

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$      UNDETERMINED

**Priority**

\$      UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,238** Priority creditor's name and mailing address

TOWN OF HAMMONDVILLE  
37669 US HWY 11

HAMMONDSVILLE, AL 35989

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,239** Priority creditor's name and mailing address

TOWN OF HANOVER  
550 HANOVER STREET SUITE 17

HANOVER, MA 02339

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,240** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF HILTON HEAD ISLAND  
1 TOWN CENTER CT

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ISLAND, SC 29928

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,241** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF HOMER  
400 EAST MAIN

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

HOMER, LA 71040

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,242** Priority creditor's name and mailing address

TOWN OF IRMO  
P O BOX 406

IRMO, SC 29063

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,243** Priority creditor's name and mailing address

TOWN OF JOHNSTON  
500 MIMS AVENUE

JOHNSTON, SC 29832

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,244** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF KILL DEVIL HILLS  
P O BOX 1719

Check all that apply.

HILLS, NC 27948

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED

**2.1,245** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF KILMARNOCK  
P O BOX 1357

Check all that apply.

KILMARNOCK, VA 22482-1357

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

Priority

\$ UNDETERMINED

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,246** Priority creditor's name and mailing address

TOWN OF KIMBERLY  
P O BOX 206

KIMBERLY, AL 35091

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,247** Priority creditor's name and mailing address

TOWN OF KINSTON  
856 MAIN STREET

KINSTON, AL 36453

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,248** Priority creditor's name and mailing address

TOWN OF LANGSTON  
9277 CO RD 67

LANGSTON, AL 35755

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,249** Priority creditor's name and mailing address

TOWN OF LANTANA  
318 SOUTH DIXIE HWY

LANTANA, FL 33462

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,250** Priority creditor's name and mailing address

TOWN OF LARKSPUR  
PO BOX 310

LARKSPUR, CO 80118

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,251** Priority creditor's name and mailing address

TOWN OF LEIGHTON  
PO DRAWER 308

LEIGHTON, AL 35646

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,252** Priority creditor's name and mailing address

TOWN OF LEXINGTON  
PO BOX 397

LEXINGTON, SC 29071

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,253** Priority creditor's name and mailing address

TOWN OF LITTLEVILLE  
1810 GEORGE WALLACE HWY

RUSSELLVILLE, AL 35654

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,254** Priority creditor's name and mailing address

TOWN OF LOCUST FORK  
P O BOX 67

FORK, AL 35097

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,255** Priority creditor's name and mailing address

TOWN OF LOUISVILLE  
749 MAIN STREET

LOUISVILLE, CO 80027

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,256** Priority creditor's name and mailing address

TOWN OF MAGNOLIA SPRINGS  
P O BOX 890

SPRINGS, AL 36555

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,257** Priority creditor's name and mailing address

TOWN OF MANY  
PO BOX 1330

MANY, LA 71449

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,258** Priority creditor's name and mailing address

TOWN OF MCKENZIE  
P O BOX 151

KENZIE, AL 36456

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,259** Priority creditor's name and mailing address

TOWN OF MIDDLETOWN  
19 WEST GREEN ST

MIDDLETOWN, DE 19709

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,260** Priority creditor's name and mailing address

TOWN OF MONCK'S CORNER  
P O BOX 700

CORNER, SC 29461

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,261** Priority creditor's name and mailing address

TOWN OF MOSSES  
P O BOX 296

HAYNEVILLE, AL 36040

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,262** Priority creditor's name and mailing address

TOWN OF MOUNDVILLE  
P O BOX 98

MOUNDVILLE, AL 35474

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,263** Priority creditor's name and mailing address

TOWN OF MOUNT PLEASANT  
100 ANN EDWARDS LN

PLEASANT, SC 29464

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,264** Priority creditor's name and mailing address

TOWN OF MT CRESTED BUTTE  
PO BOX 5800

MT CRESTED BUTTE, CO 81225

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,265** Priority creditor's name and mailing address

TOWN OF NEW SITE  
12791 HWY 22 EAST

SITE, AL 36256

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,266** Priority creditor's name and mailing address

TOWN OF NORTH ATTLEBORO  
49 WHITING ST

NORTH ATTLEBORO, MA 2760

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,267** Priority creditor's name and mailing address

TOWN OF NORTH COURTLAND  
P O BOX 93

COURTLAND, AL 35618

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,268 Priority creditor's name and mailing address**

TOWN OF NOTASULGA  
P O BOX 207

NOTASULGA, AL 36866

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,269 Priority creditor's name and mailing address**

TOWN OF ODENVILLE  
183 ALABAMA STREET

ODENVILLE, AL 35120

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,270** Priority creditor's name and mailing address

TOWN OF OHATCHEE  
PO BOX 645

OHATCHEE, AL 36271

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,271** Priority creditor's name and mailing address

TOWN OF PACOLET  
PO BOX 700

PACOLET, SC 29372

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,272** Priority creditor's name and mailing address

TOWN OF PAGELAND SC  
126 N PEARL STREET

PAGELAND, SC 29728

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,273** Priority creditor's name and mailing address

TOWN OF PALMER  
4417 MAIN STREET

PALMER, MA 01069

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,274** Priority creditor's name and mailing address

TOWN OF PARKER  
PO BOX 5602

DENVER, CO 80217-5602

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,275** Priority creditor's name and mailing address

TOWN OF PIKE ROAD  
P O BOX 640339

ROAD, AL 36064

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,276** Priority creditor's name and mailing address

TOWN OF PINE RIDGE  
2757 FISH HATCHERY ROAD

COLUMBIA, SC 29172

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,277** Priority creditor's name and mailing address

TOWN OF PISGAH  
P O BOX 2

PISGAH, AL 35765

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,278** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF PORT ROYAL  
700 PARIS AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

ROYAL, SC 29935-0009

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,279** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF PROSPERITY  
P O BOX 36

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

PROSPERITY, SC 29127

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Basis for the claim:  
TAXING AUTHORITY

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,280** Priority creditor's name and mailing address

TOWN OF REHOBETH  
221 MELVERN ROAD

REHOBETH, AL 36301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,281** Priority creditor's name and mailing address

TOWN OF REPTON  
P O BOX 35

REPTON, AL 36475

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,282** Priority creditor's name and mailing address

TOWN OF RIDGEWAY  
PO BOX 10

RIDGEWAY, CO 81432

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,283** Priority creditor's name and mailing address

TOWN OF ROCKFORD  
PO BOX 128

ROCKFORD, AL 35136

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,284** Priority creditor's name and mailing address

TOWN OF RUTLEDGE  
PO BOX 85

RUTLEDGE, AL 36071

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,285** Priority creditor's name and mailing address

TOWN OF SALEM NH  
33 GEREMONTY DRIVE

SALEM, NH 03079-3390

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,286** Priority creditor's name and mailing address

TOWN OF SAUGUS  
298 CENTRAL STREET

SAUGUS, MA 01906-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,287** Priority creditor's name and mailing address

TOWN OF SEABROOK ISLAND  
2001 SEABROOK ISLAND ROAD

SEABROOK, SC 29455

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,288** Priority creditor's name and mailing address

TOWN OF SECTION  
PO BOX 310

SECTION, AL 35771

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,289** Priority creditor's name and mailing address

TOWN OF SECTION  
PO BOX 310

SECTION, AL 35771

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,290** Priority creditor's name and mailing address

TOWN OF SIPSEY  
PO BOX 156

SIPSEY, AL 35584

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,291** Priority creditor's name and mailing address

TOWN OF SNOWMASS VILLAGE  
PO BOX 5010

SNOWMASS VILLAGE, CO 81615

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      8      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,292** Priority creditor's name and mailing address

TOWN OF SOUTH HILL  
211 SOUTH MECKLENBURG AVE

HILL, VA 23970

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,293** Priority creditor's name and mailing address

TOWN OF SOUTH PALM BEACH  
3577 SOUTH OCEAN BLVD

BEACH, FL 33480

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,294** Priority creditor's name and mailing address

TOWN OF SPRINGDALE  
2915 PLATT SPRINGS RD

SPRINGDALE, SC 29170

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,295** Priority creditor's name and mailing address

TOWN OF SULLIVAN'S ISLAND  
PO BOX 427

ISLAND, SC 29482

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,296** Priority creditor's name and mailing address

TOWN OF SUMMERDALE  
502 W LEE AVENUE

SUMMERDALE, AL 36580

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,297** Priority creditor's name and mailing address

TOWN OF SURFSIDE BEACH  
115 U S HIGHWAY 17

BEACH, SC 29575

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,298** Priority creditor's name and mailing address

TOWN OF SYLVANIA  
P O BOX 150

SYLVANIA, AL 35988

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,299** Priority creditor's name and mailing address

TOWN OF TAYLOR  
1469 SOUTH COUNTY ROAD

TAYLOR, AL 36301

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,300** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF TELLURIDE  
PO BOX 1704

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TELLURIDE, CO 81435

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,301** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF TRINITY  
35 PRESTON DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TRINITY, AL 35673

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Various

Basis for the claim:

SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,302** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF TRINITY  
35 PRESTON DRIVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

TRINITY, AL 35673

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,303** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF VAIL  
75 SO FRONTAGE ROAD

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

VAIL, CO 81657

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
SALES TAX

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,304** Priority creditor's name and mailing address

TOWN OF VALLEY HEAD  
PO BOX 126

HEAD, AL 35989

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,305** Priority creditor's name and mailing address

TOWN OF WATERLOO  
PO BOX 38

WATERLOO, AL 35677-0038

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,306** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF WILLIAMSTON  
PO BOX 70

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WILLIAMSTON, SC 29697

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.1,307** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

TOWN OF WILSONVILLE  
PO BOX 70

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

WILSONVILLE, AL 35186

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred  
Various

Basis for the claim:  
TAXING AUTHORITY

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,308** Priority creditor's name and mailing address

TOWN OF WINDSOR  
301 WALNUT STREET

WINDSOR, CO 80550

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,309** Priority creditor's name and mailing address

TOWN OF WINNSBORO  
P O BOX 209

WINNSBORO, SC 29180

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**

**Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )**

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,310** Priority creditor's name and mailing address

TOWN OF WINTER PARK  
PO BOX 3327

WINTER PARK, CO 80482

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,311** Priority creditor's name and mailing address

TOWN OF WOODVILLE  
P O BOX 94

WOODVILLE, AL 35776

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,312** Priority creditor's name and mailing address

TOWNSHIP OF BELLEVILLE  
152 WASHINGTON AVE

BELLEVILLE, NJ 07109

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,313** Priority creditor's name and mailing address

TOWNSHIP OF CUMRU  
1775 WELSH RD

MOHNTON, PA 19540

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,314** Priority creditor's name and mailing address

TOWNSHIP OF DEPTFORD  
1011 COOPER STREET

DEPTFORD, NJ 08096

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,315** Priority creditor's name and mailing address

TOWNSHIP OF HAMILTON  
P O BOX 00150

HAMILTON, NJ 08650-0150

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,316** Priority creditor's name and mailing address

TOWNSHIP OF LIVINGSTON  
204 HILLSIDE AVENUE

LIVINGSTON, NJ 07039

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,317** Priority creditor's name and mailing address

TOWNSHIP OF MIDDLETOWN  
1 KINGS HIGHWAY

MIDDLETOWN, NJ 07748-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,318** Priority creditor's name and mailing address

TREASURER CITY OF ROANOKE  
P O BOX 1451

ROANOKE, VA 24007

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,319** Priority creditor's name and mailing address

TREASURER LOUDOUN CO  
PO BOX 347

LEESBURG, VA 20178-0347

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,320** Priority creditor's name and mailing address

TREASURER OF ALLEGHENY COUNTY  
542 4TH AVENUE

PITTSBURGH, PA 15219-2111

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,321** Priority creditor's name and mailing address

TREASURER OF CHESTER COUNTY  
601 WESTTOWN ROAD SUITE 288

CHESTER, PA 19380

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,322** Priority creditor's name and mailing address

TREASURER OF SPOTSYLVANIA COUNTY  
PO BOX 65

SPOTSYLVANIA, VA 22553

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,323** Priority creditor's name and mailing address

TREASURER OF STATE MAINE  
17 STATE HOUSE STATION

AUGUSTA, ME 04333-0017

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,324** Priority creditor's name and mailing address

TREASURER OF VIRGINIA  
P O BOX 526

RICHMOND, VA 23218-0526

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,325** Priority creditor's name and mailing address

TREASURER STATE OF CT  
165 CAPITOL AVENUE

HARTFORD, CT 06106-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,326** Priority creditor's name and mailing address

TREASURER STATE OF IOWA  
P O BOX 10455

MOINES, IA 50306-0455

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,327** Priority creditor's name and mailing address

TREASURER STATE OF MAINE  
34 STATE HOUSE STATION

AUGUSTA, ME

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,328** Priority creditor's name and mailing address

TREASURER STATE OF MAINE  
28 STATE HOUSE STATION

AUGUSTA, ME 04333

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,329** Priority creditor's name and mailing address

TREASURER STATE OF MAINE  
28 STATE HOUSE STATION

AUGUSTA, ME 04333

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,330** Priority creditor's name and mailing address

TREASURER STATE OF NH  
129 PLEASANT STREET

CONCORD, NH 03301-0000

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,331** Priority creditor's name and mailing address

TREASURER STATE OF OHIO  
P O BOX 4009

REYNOLDSBURG, OH 43068-9009

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,332** Priority creditor's name and mailing address

TUSCALOOSA COUNTY SPECIAL TAX BOARD  
PO BOX 20738

TUSCALOOSA, AL 35402

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,333** Priority creditor's name and mailing address

TUSCALOOSA COUNTY SPECIAL TAX BOARD  
PO BOX 20738

TUSCALOOSA, AL 35402

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,334** Priority creditor's name and mailing address

UNIFIED GOVERNMENT  
4953 STATE AVE

CITY, KS 66102

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,335** Priority creditor's name and mailing address

UNIFIED PUBLIC HEALTH DEPT  
619 ANN AVENUE

CITY, KS 66101

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,336** Priority creditor's name and mailing address

UNION PARISH SALES & USE TAX COMMISSION  
PO BOX 903

RUSTON, LA 71273-0903

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,337** Priority creditor's name and mailing address

US DEPARTMENT OF AGRICULTURE  
1400 INDEPENDENCE AVE SW ROOM 1510

WASHINGTON, DC 20250-0242

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,338** Priority creditor's name and mailing address

US FOOD & DRUG ADMINISTRATION  
5001 CAMPUS DRIVE

PARK, MD 20740

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,339** Priority creditor's name and mailing address

US FOOD AND DRUG ADMINISTRATION  
5001 CAMPUS DRIVE COLLEGE PARK MD 20740

PARK, MD 20740

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,340** Priority creditor's name and mailing address

UT DEPT OF AGRICULTURE & FOOD  
PO BOX 146500

CITY, UT 84114

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,341** Priority creditor's name and mailing address

UTAH STATE TAX COMMISSION  
210 NORTH 1950 WEST

SALT LAKE CITY, UT 84134-0130

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,342** Priority creditor's name and mailing address

UTAH STATE TAX COMMISSION  
210 NORTH 1950 WEST

SALT LAKE CITY, UT 84134-0130

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,343** Priority creditor's name and mailing address

VDACS  
P O BOX 430

RICHMOND, VA 23218

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,344** Priority creditor's name and mailing address

VERMILLION PARISH SCHOOL BOARD  
PO DRAWER 520

ABBEVILLE, LA 70511

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,345** Priority creditor's name and mailing address

VERMONT AGENCY OF AGRICULTURE  
116 STATE STREET

MONTPELIER, VT 05620-2901

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,346** Priority creditor's name and mailing address

VERMONT BUSINESS TAX DIVISION  
PO BOX 547

MONTPELIER, VT 05601

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,347** Priority creditor's name and mailing address

VERMONT DEPARTMENT OF TAXES  
133 STATE STREET

MONTPELIER, VT 05633-1401

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,348 Priority creditor's name and mailing address**

VERNON PARISH SALES TAX DEPT  
117 BELVIEW RD

LEESVILLE, LA 71446

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,349 Priority creditor's name and mailing address**

VILLAGE OF BLOOMINGDALE  
201 BLOOMINGDALE ROAD

BLOOMINGDALE, IL 60108-1487

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,350** Priority creditor's name and mailing address

VILLAGE OF BRIDGEVIEW  
7500 S OKETO AVE

BRIDGEVIEW, IL 60455

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,351** Priority creditor's name and mailing address

VILLAGE OF CALEDONIA  
6922 NICHOLSON ROAD

CALEDONIA, WI 53108

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,352** Priority creditor's name and mailing address

VILLAGE OF CHICAGO RIDGE  
10455 S RIDGELAND

RIDGE, IL 60415

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,353** Priority creditor's name and mailing address

VILLAGE OF HOFFMAN ESTATES  
1900 HASSELL RD

HOFFMAN ESTATES, IL 60169

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,354 Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

VILLAGE OF MATTESON  
4900 VILLAGE COMMONS

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

MATTESON, IL 60443

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.1,355 Priority creditor's name and mailing address**

**As of the petition filing date, the claim is:**

VILLAGE OF NORRIDGE  
4000 N OLCOTT AVE

Total Claim	Priority
\$ UNDETERMINED	\$ UNDETERMINED

Check all that apply.

NORRIDGE, IL 60706

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Various

**Basis for the claim:**  
TAXING AUTHORITY

**Last 4 digits of account number**    \_ \_ \_ \_

**Specify Code subscription of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    \_ \_ \_ \_ )

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,356** Priority creditor's name and mailing address

VILLAGE OF NORTH RIVERSIDE  
2401 S DESPLAINES AVENUE

RIVERSIDE, IL 60546

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,357** Priority creditor's name and mailing address

VILLAGE OF SCHAUMBURG  
101 SCHAUMBURG CT

SCHAUMBURG, IL 60193

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,358** Priority creditor's name and mailing address

VILLAGE OF WEST DUNDEE  
100 CARRINGTON DRIVE

DUNDEE, IL 60118

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,359** Priority creditor's name and mailing address

VIRGINIA BEACH CITY  
2401 COURTHOUSE DR CITY HALL BLDG 1

BEACH, VA 23456

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,360** Priority creditor's name and mailing address

VIRGINIA DEPARTMENT OF TAXATION  
PO BOX 1500

RICHMOND, VA 23218-1500

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,361** Priority creditor's name and mailing address

VIRGINIA DEPARTMENT OF TAXATION  
PO BOX 1500

RICHMOND, VA 23218-1500

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,362** Priority creditor's name and mailing address

VIRGINIA DEPARTMENT OF TAXATION  
PO BOX 1500

RICHMOND, VA 23218-1500

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,363** Priority creditor's name and mailing address

VIRGINIA DEPT OF HEALTH  
P O BOX 2448 RM 521

RICHMOND, VA 23218

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,364** Priority creditor's name and mailing address

VIRGINIA DEPT OF TAXATION  
PO BOX 26627

RICHMOND, VA 23261

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,365** Priority creditor's name and mailing address

VOLUSIA COUNTY  
123 W INDIANA AVE ROOM 103

DELAND, FL 32720

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,366** Priority creditor's name and mailing address

WA DEPT OF REVENUE  
PO BOX 34456

SEATTLE, WA 98124-1456

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,367** Priority creditor's name and mailing address

WAKE COUNTY REVENUE DEPT  
P O BOX 2719 300 S SALISBURY ST

RALEIGH, NC 27602-2719

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,368** Priority creditor's name and mailing address

WALL TOWNSHIP  
2700 ALLAIRE ROAD BOARD OF HEALTH

WALL, NJ 07719

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,369** Priority creditor's name and mailing address

WALLA WALLA COUNTY HEALTH DEPT  
314 W MAIN STREET

WALLA, WA 99362

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,370** Priority creditor's name and mailing address

WASHINGTON CO HEALTH DEPT  
1302 PENNSYLVANIA AVE

HAGERSTOWN, MD 21742

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,371** Priority creditor's name and mailing address

WASHINGTON COUNTY  
161 NW ADAMS AVE

HILLSBORO, OR 97124

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,372** Priority creditor's name and mailing address

WASHINGTON PARISH SHERIFF'S OFFICE  
PO DRAWER 508

FRANKLINTON, LA 70438

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,373** Priority creditor's name and mailing address

WASHINGTON STATE TREASURER  
P O BOX 9034

OLYMPIA, WA 98506

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,374** Priority creditor's name and mailing address

WAUKESHA COUNTY  
515 W MORELAND BLVD ROOM AC 260

WAUKESHA, WI 53188-3868

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,375** Priority creditor's name and mailing address

WAUPACA COUNTY DEPT OF HEALTH & HUMAN  
SERVICE  
811 HARDING STREET

WAUPACA, WI 54981

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,376** Priority creditor's name and mailing address

WAYNE CO HEALTH DEPT  
201 EAST MAIN STREET

RICHMOND, IN 47374

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,377** Priority creditor's name and mailing address

WAYNE HEALTH DEPT  
475 VALLEY ROAD

WAYNE, NJ 07470

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,378** Priority creditor's name and mailing address

WEST BATON ROUGE PARISH  
PO BOX 86

PORT ALLEN, LA 70767-0086

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,379** Priority creditor's name and mailing address

WEST CARROLL PARISH SCHOOL BOARD  
314 EAST MAIN ST

OAK GROVE, LA 71263

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total Claim	Priority
<b>2.1,380</b>	<b>Priority creditor's name and mailing address</b>  WEST FELICIANA PARISH SCHOOL PARISH PO BOX 1910  ST FRANCISVILLE, LA 70775  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>8</u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SALES TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

		Total Claim	Priority
<b>2.1,381</b>	<b>Priority creditor's name and mailing address</b>  WEST VIRGINIA STATE TAX DEPARTMENT PO BOX 1202  CHARLESTON, WV 25325-1202  <b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>  <b>Specify Code subscription of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( <u>8</u> )	<b>As of the petition filing date, the claim is:</b>  Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> FRANCHISE TAX  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ UNDETERMINED \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,382** Priority creditor's name and mailing address

WEST VIRGINIA STATE TAX DEPARTMENT  
PO BOX 1202

CHARLESTON, WV 25325-1202

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,383** Priority creditor's name and mailing address

WESTMORELAND COUNTY TREASURER  
2 N MAIN STREET

GREENSBURG, PA 15601

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,384** Priority creditor's name and mailing address

WHATCOM COUNTY HEALTH DEPARTMENT  
590 GIRARD STREET

BELLINGHAM, WA 98225

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,385** Priority creditor's name and mailing address

WHITEHALL TWP TREASURERS OFFICE  
3221 MACARTHUR ROAD

WHITEHALL, PA 18052-2994

**Date or dates debt was incurred**

Various

**Last 4 digits of  
account number**      \_ \_ \_ \_

**Specify Code subscription of PRIORITY  
unsecured claim:** 11 U.S.C. § 507(a) (      )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,386** Priority creditor's name and mailing address

WICOMICO COUNTY CLERK  
P O BOX 198

SALISBURY, MD 21803-0198

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,387** Priority creditor's name and mailing address

WILKES-BARRE TOWNSHIP  
804 FAYETTE ST

CONSHOHOCKEN, PA 19428

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,388** Priority creditor's name and mailing address

WILL CO HEALTH DEPT  
501 ELLA AVE

JOLIET, IL 60433

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,389** Priority creditor's name and mailing address

WILSON SCHOOL DISTRICT  
2601 GRANDVIEW BLVD

LAWN, PA 19609-1324

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,390 Priority creditor's name and mailing address**

WINCHESTER CITY  
15 N CAMERON ST

WINCHESTER, VA 22601

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAXING AUTHORITY

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

**2.1,391 Priority creditor's name and mailing address**

WINN PARISH SCHOOL BOARD  
PO BOX 430

WINNFIELD, LA 71483

**Date or dates debt was incurred**

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

SALES TAX

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Total Claim**

\$ UNDETERMINED

**Priority**

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,392** Priority creditor's name and mailing address

WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 93389

MILWAUKEE, WI 53293

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,393** Priority creditor's name and mailing address

WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 93389

MILWAUKEE, WI 53293

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (        )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,394** Priority creditor's name and mailing address

WOOD COUNTY HEALTH DEPT  
111 W JACKSON STREET

RAPIDS, WI 54495

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,395** Priority creditor's name and mailing address

WOODBIDGE HEALTH DEPT  
2 G FREDERICK PLZ

WOODBIDGE, NJ 07095

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,396** Priority creditor's name and mailing address

WOODFORD COUNTY  
103 SOUTH MAIN ST ROOM 201

VERSAILLE, OH 40383-0625

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,397** Priority creditor's name and mailing address

WV ABC ADMINISTRATION  
322 70TH STREET

CHARLESTON, WV 25304

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,398** Priority creditor's name and mailing address

WV DEPARTMENT OF AGRICULTURE  
1900 KANAWHA BLVD EAST

CHARLESTON, WV 25305

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,399** Priority creditor's name and mailing address

WV DEPT OF TAX AND REVENUE  
PO BOX 11895

CHARLESTON, WV 25339

Date or dates debt was incurred

Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,400** Priority creditor's name and mailing address

WV STATE TAX DEPARTMENT  
PO BOX 2991

CHARLESTON, WV 25330

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,401** Priority creditor's name and mailing address

WYOMING DEPT OF AGRICULTURE  
6607 CAMPSTOOL ROAD

CHEYENNE, WY 82002

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 1**

**Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**2.1,402** Priority creditor's name and mailing address

WYOMING DEPT OF AGRICULTURE  
6607 CAMPSTOOL ROAD

CHEYENNE, WY 82002

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

**2.1,403** Priority creditor's name and mailing address

YORK COUNTY  
P O BOX 189

YORKTOWN, VA 23690

Date or dates debt was incurred  
Various

Last 4 digits of  
account number

Specify Code subscription of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
TAXING AUTHORITY

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total Claim

\$ UNDETERMINED

Priority

\$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 2**

**List all Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>AFFILIATED ENTITIES LONG TERM DEBT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>INTERCO PAYABLES</u> <i>Check all that apply.</i></p> <p>\$ 926,522,913.00</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
	<p>AFFILIATED ENTITIES NOTE PAYABLE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____ <i>Check all that apply.</i></p> <p>\$ 8,201,799,914.00</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
	<p>3.3 Nonpriority creditor's name and mailing address</p> <p>AVERS-PERRY VIRGINIA INDIVIDUALLY AND AS PERSONAL REPRESENTATIVE OF THE ESTATE OF LANCE PERRY AND VIRGINIA AVERS-PERRY SURVIVING SPOUSE OF LANCE PERRY AND TO THE USE OF NOLAN PERRY SURVIVING SON OF LANCE PERRY</p> <p>100 N CALVERT ST</p> <p>BALTIMORE, MD 21202</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____ <i>Check all that apply.</i></p> <p>\$ UNDETERMINED</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 2**

**Additional Page**

Copy this page only if more spaces is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

3.4 Nonpriority creditor's name and mailing address		Amount of Claim
BRISKER PAUL D AND MICHELLE BRISKER HW		\$ UNDETERMINED
PHILADELPHIA CITY HALL CHESTNUT ST		
PHILADELPHIA, PA 19107		
Date or dates debt was incurred		
Last 4 digits of account number		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

3.5 Nonpriority creditor's name and mailing address		Amount of Claim
BROWN TROY		\$ UNDETERMINED
700 ADAMS ST		
TOLEDO, OH 43604		
Date or dates debt was incurred		
Last 4 digits of account number		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

3.6 Nonpriority creditor's name and mailing address		Amount of Claim
DORIS PARKER ET AL		\$ UNDETERMINED
6500 CHERRYWOOD LN		
GREENBELT, MD 20770		
Date or dates debt was incurred		
Last 4 digits of account number		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Part 2**

**Additional Page**

Copy this page only if more spaces is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of Claim
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b>  GIDLEY BOBBY _____ _____ _____  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b>  HACKWORTH BOBBY LEE _____ _____ _____  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b>  HALL MELANIE LARGIN INDIVIDUALLY AND AS EXEC OF THE ESTATE OF PALINE LARGIN DECEASED AND MELANIE LARGIN HALL STERLING LARGIN AND CLARA L LARGIN AIONO INDIV AND AS SURV CHILDREN OF PAULINE LARGIN DECEASED _____ 500 N KING ST _____ WILMINGTON, DE 19801 _____  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
Name

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3.10	Nonpriority creditor's name and mailing address	Amount of Claim
	HALL WALTER B 700 ADAMS ST TOLEDO, OH 43604	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

3.11	Nonpriority creditor's name and mailing address	Amount of Claim
	KANE JOSEPH P AND DONNA M KANE HW PHILADELPHIA CITY HALL CHESTNUT ST PHILADELPHIA, PA 19107	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

3.12	Nonpriority creditor's name and mailing address	Amount of Claim
	LAWLOR JOHN EXECUTOR OF THE ESTATE OF JACQUELINE M LONG DECEASED PHILADELPHIA CITY HALL CHESTNUT ST PHILADELPHIA, PA 19107	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.13</b>	<p>MORGAN FLOYD</p> <p>700 ADAMS ST</p> <p>TOLEDO, OH 43604</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.14</b>	<p>NESS DENNIS L AND TEENA NESS HW</p> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.15</b>	<p>PARKER JAMES</p> <p>700 ADAMS ST</p> <p>TOLEDO, OH 43604</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.16</b>	<p>PENNY GERALD</p> <p>700 ADAMS ST</p> <p>TOLEDO, OH 43604</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.17</b>	<p>PEROUTKA DIANE AND LARRY PEROUTKA</p> <p>155 NORTH MAIN STREET</p> <p>EDWARDSVILLE, IL 62025</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.18</b>	<p>SALAS DANIEL G AND FELICITAS C SALAS</p> <p>1945 S HILL ST</p> <p>LOS ANGELES, CA 90007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.19	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>UNDETERMINED</p> <p>450 GOLDEN GATE AVE</p> <p>SAN FRANCISCO, CA 94102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.20	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WHITT JOY AS EXECUTOR OF THE ESTATE OF HAROLD WALT</p> <p>401 MONTGOMERY ST</p> <p>SYRACUSE, NY 13202</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.21	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WILLIAM CHUELA ET AL</p> <p>200 N RIVER ST</p> <p>WILKES-BARRE, PA 18711</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.22	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>IN RE: CLICKA HOLDINGS INC; ACTIVEON LLC; AND ACTIEON INC FKA ONCORP US</p> <p>401 4TH AVE N</p> <p>KENT, WA 98032</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.23	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ROBERT A CATALFAMO AND LAVARITA D MERIWETHER</p> <p>327 S CHURCH ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.24	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SCOTT ROBERT JACOB</p> <p>50 W WASHINGTON ST 1303</p> <p>CHICAGO, IL 60602</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.25	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>TOUS RODRIGUEZ JOSE M</p> <p>AVENDIA CARLOS E CHARDÓN</p> <p>SAN JUAN, PR 00918</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.26	<p>Nonpriority creditor's name and mailing address</p> <p>ARMSTRONG PEGGY</p> <p>1100 UNION ST</p> <p>SAN DIEGO, CA 92101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.27	<p>Nonpriority creditor's name and mailing address</p> <p>KALLENBERG BARRY W</p> <p>851 GRAND CONCOURSE</p> <p>BRONX, NY 10451</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.28</b>	<p>KIM MOONEY COMPLAINANT</p> <p>100 N SENATE AVE N300</p> <p>INDIANAPOLIS, IN 46204</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.29</b>	<p>MISHIEV NATHAN TONY</p> <p>212 WASHINGTON ST</p> <p>NEWARK, NJ 07102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.30</b>	<p>WEISFELNER MICHAEL</p> <p>1675 YORK HWY 1D</p> <p>YORK, SC 29745</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.31</b>	<p>WEISFELNER MICHAEL</p> <p>1675 YORK HWY 1D</p> <p>YORK, SC 29745</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.32</b>	<p>DUE TO AFFILIATED ENTITIES</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> INTERCO PAYABLES</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,975,789,728.00</p>
<b>3.33</b>	<p>CHARLENE DAILEY</p> <p>3 S PENN SQUARE</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.34	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>JEFFREY RHINEHARDT</p> <p>3 S PENN SQUARE</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.35	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>AIDA MARTINEZ YAZMIN JESUSA BONILLA ORTIZ ASTRID MILAGROS ORTIZ HERNANDEZ SAUL SANTIAGO FIGUEROA ELINOR PEREZ RUIZ</p> <p>AV 65 DE INFATERIA</p> <p>CAROLINA, PR 987</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.36	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ALLEN KYLA</p> <p>315 PASEO DE ONATE</p> <p>ESPAÑOLA, NM 87532</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.37	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ALLEN KYLA</p> <p>315 PASEO DE ONATE</p> <p>ESPAÑOLA, NM 87532</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.38	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CASTANEDA BERNARDO</p> <p>7575 METROPOLITAN DR 210</p> <p>SAN DIEGO, CA 92108</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.39	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>DIAZ ARLENE PEREZ</p> <p>AVENIDA MUÑOZ RIVERA ESQUINA COLL Y TOSTE</p> <p>PARADA 37 AV LUIS MUÑOZ RIVERA</p> <p>SAN JUAN, PR 00925</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.40	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>FRANKIE DE LEON MEDINA</p> <p>AVENDIA CARLOS E CHARDÓN</p> <p>SAN JUAN, PR 00918</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.41	<p>JENNIFER VEGA</p> <p>RES BELLA VISTA EDIF 5 APRT35</p> <p>SALINAS , PR 751</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.42	<p>JIMENEZ ANGEL I</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.43	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>JUIRIS</p> <p>555 W HARRISON ST</p> <p>CHICAGO, IL 60607</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.44	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>LIZ MANZANO</p> <p>EDIFICIO PRUDENCIO RIVERA MARTINEZ 505 AV LUIS MUNOZ RIVERA</p> <p>SAN JUAN, PR 917</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.45	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MATANZO KARLO A</p> <p>10 PUBLIC SQ</p> <p>BELLEVILLE, IL 62220</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.46	Nonpriority creditor's name and mailing address	Amount of Claim
	PORTELA ORTIZ HIRAM 301 S GRAND ST 104 MONROE, LA 71201  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>PENDING LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>UNDETERMINED</u>

3.47	Nonpriority creditor's name and mailing address	Amount of Claim
	PORTELA ORTIZ HIRAM 301 S GRAND ST 104 MONROE, LA 71201  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>PENDING LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>UNDETERMINED</u>

3.48	Nonpriority creditor's name and mailing address	Amount of Claim
	SALAHUDDIN SHAIFAH 328 STATE ST SCHENECTADY, NY 12305  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>PENDING LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>UNDETERMINED</u>

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3.49	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SNYDER ROBERT</p> <p>300 OCEANGATE</p> <p>LONG BEACH, CA 90802</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.50	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>TATIANA RIVERA FUENTES</p> <p>EDIFICIO PRUDENCIO RIVERA MARTINEZ 505 AV</p> <p>LUIS MUÑOZ RIVERA SAN JUAN, PR 917</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.51	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>VASQUEZ SONNY CORONA</p> <p>7575 METROPOLITAN DR STE 210</p> <p>SAN DIEGO, CA 92108</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>



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3.52	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WALSH AMANDA-NJ WAGE CLAIM</p> <p>1 JOHN FITCH PLZ</p> <p>TRENTON, NJ 8611</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.53	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CONSUMER ADVOCACY GROUP INC IN THE PUBLIC INTEREST</p> <p>1225 FALLON ST</p> <p>OAKLAND, CA 94612</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.54	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GREENE NINA AND GERALD</p> <p>327 S CHURCH ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.55	Nonpriority creditor's name and mailing address	Amount of Claim
	JOHNSON ESSIE <hr/> 401 W EVANS ST <hr/> FLORENCE, SC 29501 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number    ____  ____  ____  ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.56	Nonpriority creditor's name and mailing address	Amount of Claim
	SHEFA LMV INC <hr/> 1225 FALLON ST <hr/> OAKLAND, CA 94612 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number    ____  ____  ____  ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.57	Nonpriority creditor's name and mailing address	Amount of Claim
	STAUDT SANDRA <hr/> 928 LIVINGSTON AVE <hr/> NORTH BRUNSWICK TOWNSHIP, NJ 08902 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number    ____  ____  ____  ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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3.58	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>US EPA</p> <p>204 S MAIN ST</p> <p>SOUTH BEND, IN 46601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.59	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>US EPA REGION 1 MA; MASSDEP</p> <p>11 TECHNOLOGY DR</p> <p>NORTH CHELMSFORD, MA 1863</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.60	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>VINOCUR LAURENCE</p> <p>1225 FALLON ST</p> <p>OAKLAND, CA 94612</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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3.61	Nonpriority creditor's name and mailing address	Amount of Claim
	VINOCUR LAURENCE 1225 FALLON ST OAKLAND, CA 94612	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.62	Nonpriority creditor's name and mailing address	Amount of Claim
	ADA ACCESS CENTER FOR INDEPENDENT LIVING ET AL 22 E 5TH ST DAYTON, OH 45402	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.63	Nonpriority creditor's name and mailing address	Amount of Claim
	ANTOINE WEDY 601 MARKET ST 2609 PHILADELPHIA, PA 19106	
	Date or dates debt was incurred _____	
	Last 4 digits of account number ____ _	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.64	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>APS EXPRESS</p> <p>219 SOUTH DEARBORN ST</p> <p>CHICAGO, IL 60604</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.65	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>BRITISH PETROLEUM</p> <p>500 POYDRAS ST</p> <p>NEW ORLEANS, LA 70130</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.66	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>BUI JON D</p> <p>450 GOLDEN GATE AVE</p> <p>SAN FRANCISCO, CA 94102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.67	Nonpriority creditor's name and mailing address	Amount of Claim
	CATALFAMO ROBERT A ET AL	
	219 SOUTH DEARBORN ST	
	CHICAGO, IL 60604	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.68	Nonpriority creditor's name and mailing address	Amount of Claim
	DICENT MARIA JACQUELINE AKA JACKIE DISEN AKA MARIA JACQUELINE DISEN	
	228 WALNUT ST	
	HARRISBURG, PA 17101	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.69	Nonpriority creditor's name and mailing address	Amount of Claim
	DZIELAK CHARLENE ET AL	
	COOPER ST	
	CAMDEN, NJ 8101	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.70	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>EPPS CLEMENTINE B</p> <p>844 N KING ST</p> <p>WILMINGTON, DE 19801</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.71	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>FASHION EXCHANGE THE</p> <p>500 PEARL ST</p> <p>NEW YORK, NY 10038</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.72	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GRECIA WILLIAM</p> <p>327 S CHURCH ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.73</b>	<div>KLOPPLE MIKE ET AL</div> <div>UNITED STATES DISTRICT COURT 100 STATE STREET</div> <div>NY</div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.74</b>	<div>LOGGERHEAD TOOLS LLC</div> <div>219 SOUTH DEARBORN ST</div> <div>CHICAGO, IL 60604</div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.75</b>	<div>MAHMOUD ASMAA</div> <div>228 WALNUT ST</div> <div>HARRISBURG, PA 17101</div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>



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3.76	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>REYES VICTOR ET AL</p> <p>225 CADMAN PLAZA E</p> <p>BROOKLYN, NY 11201</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.77	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>RUBENSTEIN AARON</p> <p>500 PEARL ST</p> <p>NEW YORK, NY 10038</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.78	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>RYSEWYK REBECCA ET AL</p> <p>327 S CHURCH ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.79	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SEEGOT HOLDINGS ET AL</p> <p>500 STATE AVE</p> <p>KANSAS CITY, KS 66101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.80	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SMITH MICHAEL AND LISA ALBERTON</p> <p>327 S CHURCH ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.81	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SZUCH TERRI</p> <p>2213 BROWNSVILLE RD</p> <p>PITTSBURGH, PA 15210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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3.82	Nonpriority creditor's name and mailing address	Amount of Claim
	TCPA DEFRANZA JOHN 327 S CHURCH ST ROCKFORD, IL 61101  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		UNDETERMINED

3.83	Nonpriority creditor's name and mailing address	Amount of Claim
	TCPA RAMIREZ ERENDIRA 401 WASHINGTON ST 10 PHOENIX, AZ 85003  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		UNDETERMINED

3.84	Nonpriority creditor's name and mailing address	Amount of Claim
	TINNUS ENTERPRISES LLC 100 E HOUSTON ST MARSHALL, TX 75670  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.85</b>	<p>UNDETERMINED</p> <hr/> <p>450 GOLDEN GATE AVE</p> <hr/> <p>SAN FRANCISCO, CA 94102</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.86</b>	<p>UNDETERMINED</p> <hr/> <p>450 GOLDEN GATE AVE</p> <hr/> <p>SAN FRANCISCO, CA 94102</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.87</b>	<p>UNIVERSAL DYEING &amp; PRINTING INC</p> <hr/> <p>300 E GREEN ST</p> <hr/> <p>PASADENA, CA 91101</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.88	Nonpriority creditor's name and mailing address	Amount of Claim
	UNOWEB VIRTUAL LLC	
	100 E HOUSTON ST	
	MARSHALL, TX 75670	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.89	Nonpriority creditor's name and mailing address	Amount of Claim
	US EPA	
	204 S MAIN ST	
	SOUTH BEND, IN 46601	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.90	Nonpriority creditor's name and mailing address	Amount of Claim
	USDC CENTRAL DISTRICT OF CA	
	300 E GREEN ST	
	PASADENA, CA 91101	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.91	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>USDC DISTRICT OF RHODE ISLAND</p> <p>1 EXCHANGE TERRACE</p> <p>PROVIDENCE, RI 23903</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.92	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>USOR SITE PRP GROUP</p> <p>515 RUSK ST</p> <p>HOUSTON, TX 77002</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.93	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>VINELAND CONSTRUCTION</p> <p>COOPER ST</p> <p>CAMDEN, NJ 8101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.94</b>	<p>VINELAND CONSTRUCTION</p> <p>COOPER ST</p> <p>CAMDEN, NJ 8101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.95</b>	<p>ACOCELLA ANN</p> <p>2 BROAD ST</p> <p>ELIZABETH, NJ 07201</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.96</b>	<p>ALLEN BELINDA</p> <p>100 PUBLIC SQUARE</p> <p>BENTON, IL 62812</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.97</b>	<p>ALLEN RUTH ANN</p> <p>200 N RIVER ST</p> <p>WILKES-BARRE, PA 18711</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.98</b>	<p>ALONSO CARLOS A</p> <p>175 NW 1ST AVE</p> <p>MIAMI, FL 33128</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.99</b>	<p>ALVAREDO CECELIA</p> <p>1 COURT ST RIVERHEAD</p> <p>NY, NY 11901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.100</b>	<p>ANDERSON CORESTINE AND NATHANIEL</p> <p>71 MONUMENT ST</p> <p>FREEHOLD, NJ 07728</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.101</b>	<p>ANDERSON FRANK J</p> <p>111 CENTRE ST</p> <p>NEW YORK, NY 10013</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.102</b>	<p>ANDREWS RHONDA</p> <p>601 MULBERRY ST</p> <p>MACON, GA 31201</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.103 Nonpriority creditor's name and mailing address		Amount of Claim
ARRINGTON GEORGE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ UNDETERMINED
40 W 6TH ST		
ERIE, PA 16501		
Date or dates debt was incurred	Basis for the claim: PENDING LITIGATION	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.104 Nonpriority creditor's name and mailing address		Amount of Claim
AUSTIN TAVESIA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ UNDETERMINED
20 W COURTLAND ST		
BEL AIR, MD 21014		
Date or dates debt was incurred	Basis for the claim: PENDING LITIGATION	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.105 Nonpriority creditor's name and mailing address		Amount of Claim
AUTO - PRODS-RODOLFO RAMIREZ ENEDINO	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ UNDETERMINED
851 GRAND CONCOURSE 111		
BRONX, NY 10451		
Date or dates debt was incurred	Basis for the claim: PENDING LITIGATION	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.106</b>	<p>AUTO-WALTERS KARLA</p> <hr/> <p>210 W TEMPLE ST</p> <hr/> <p>LOS ANGELES, CA 90012</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.107</b>	<p>AVILA WASHINGTON</p> <hr/> <p>111 CENTRE ST</p> <hr/> <p>NEW YORK, NY 10013</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.108</b>	<p>BARDINA LIBERTAD</p> <hr/> <p>851 GRAND CONCOURSE 111</p> <hr/> <p>BRONX, NY 10451</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.109</b>	<div>BARNEYS SHAARON AND KENNETH</div> <div>130 ALBANY ST</div> <div>NEW BRUNSWICK, NJ 08901</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.110</b>	<div>BARNHILL CLARENCE</div> <div>345 S HIGH ST</div> <div>COLUMBUS, OH 43215</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.111</b>	<div>BARTELS JULE AND DIANNNA ASO STATE FARM FIRE AND CASUALTY COMPANY</div> <div>300 MAIN ST</div> <div>HILLSBORO, MO 63050</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.112</b>	<div>BEAN SHIRLEY I</div> <div>253 E WOOD ST</div> <div>DECATUR, IL 62523</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?   <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
<b>3.113</b>	<div>BEANER LYNDIA J &amp; THOMAS L</div> <div>326 W CHOCTAW AVE 117 N 4TH STREET</div> <div>CHICKASHA, OK 73018</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?   <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
<b>3.114</b>	<div>BENISON GARY</div> <div>DESOTO COUNTY ADMINISTRATION BUILDING 365 LOSER STREET</div> <div>HERNANDO, MS 38632</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?   <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>

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3.115	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>BOESELAGER PATRICIA</p> <p>324 S FT HARRISON AVE</p> <p>CLEARWATER, FL 33756</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.116	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>BOHLAND CHARLES</p> <p>225 COURT ST</p> <p>ELYRIA, OH 44035</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.117	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>BONIFAZI ANDREW AND EMILY INDIVIDUALS; AND AS THE PARENTS AND NATURAL GUARDIANS OF ADELYN BONIFAZI A MINOR</p> <p>825 PHILADELPHIA ST</p> <p>INDIANA, PA 15701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.118</b>	<p>BRINKMAN LOIS</p> <p>50 W WASHINGTON ST 801</p> <p>CHICAGO, IL 60602</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.119</b>	<p>BROADDUS JR ORRIDE THOMAS</p> <p>4301 E PARHAM RD</p> <p>RICHMOND, VA 23228</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.120</b>	<p>BROSS RICHARD ASO CSAA AFFINITY INSURANCE CO</p> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.121</b>	<b>Nonpriority creditor's name and mailing address</b>  BROWN SHOURNETT 851 GRAND CONCOURSE 111 BRONX, NY 10451  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.122</b>	<b>Nonpriority creditor's name and mailing address</b>  BUCHANAN WILLIAM AND EVA 1010 N BOONVILLE AVE SPRINGFIELD, MO 65802  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.123</b>	<b>Nonpriority creditor's name and mailing address</b>  BUCKNER TANISHA 600 UNION AVE FAIRFIELD, CA 94533  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.124</b>	<p>BURKHART NANCY</p> <p>775 3RD ST NIAGARA FALLS</p> <p>NY, NY 14301</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.125</b>	<p>CALIXTE ANDERSON</p> <p>400 CARLETON AVE CENTRAL ISLIP</p> <p>NY, NY 11722</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.126</b>	<p>CAMMARATA THERESA</p> <p>401 BOSLEY AVE</p> <p>TOWSON, MD 21204</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.127	Nonpriority creditor's name and mailing address	Amount of Claim
	CANZONERI JOSEPH A AND BARBARA A ASO AMICA MUTUAL INSURANCE COMPANY 99 EXCHANGE BLVD 545 ROCHESTER, NY 14614  Date or dates debt was incurred _____ Last 4 digits of account number ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.128	Nonpriority creditor's name and mailing address	Amount of Claim
	CASEY CHRISTOPHER 1001 LAKESHORE DR 300 LAKE CHARLES, LA 70601  Date or dates debt was incurred _____ Last 4 digits of account number ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.129	Nonpriority creditor's name and mailing address	Amount of Claim
	CASTILLO SANDRA 600 59TH STREET SUITE 3305 GALVESTON, TX 77551  Date or dates debt was incurred _____ Last 4 digits of account number ____	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.130</b>	<b>Nonpriority creditor's name and mailing address</b>  CHESNER JACK 212 WASHINGTON ST NEWARK, NJ 07102  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.131</b>	<b>Nonpriority creditor's name and mailing address</b>  CIMMINO ROBERT 927 CASTLETON AVE STATEN ISLAND, NY 10310  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.132</b>	<b>Nonpriority creditor's name and mailing address</b>  CLARK KEITH L _____ _____ _____  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.133</b>	<b>Nonpriority creditor's name and mailing address</b>  CLARK WAYNE 61 E MAIN ST 3G UNIONTOWN, PA 15401  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.134</b>	<b>Nonpriority creditor's name and mailing address</b>  CLAUDE GERALDINE A 200 DERBIGNY ST GRETN, LA 70053  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.135</b>	<b>Nonpriority creditor's name and mailing address</b>  COJOE THOMAS ON BEHALF F KADESHA TYNDALL 421 LOYOLA AVE 201 NEW ORLEANS, LA 70112  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.136</b>	<b>Nonpriority creditor's name and mailing address</b>  COKE-NG BRIAN 400 CARLETON AVE CENTRAL ISLIP NY, NY 11722  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.137</b>	<b>Nonpriority creditor's name and mailing address</b>  CONNER DAWN 750 5TH AVE 114 HUNTINGTON, WV 25701  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.138</b>	<b>Nonpriority creditor's name and mailing address</b>  COUNTERMAN FELIX 200 LEWIS AVENUE LAS VEGAS, NV 89155  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.139</b>	<b>Nonpriority creditor's name and mailing address</b>  CRUZ AVANY 1 COURT ST RIVERHEAD NY, NY 11901  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.140</b>	<b>Nonpriority creditor's name and mailing address</b>  DANGELO VINCENZO 112 BROAD ST NEW LONDON, CT 06320  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.141</b>	<b>Nonpriority creditor's name and mailing address</b>  DAVILA BETTY J 200 N RIVER ST WILKES-BARRE, PA 18711  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.142 Nonpriority creditor's name and mailing address		Amount of Claim
<p>DAVIS MILES</p> <p>88-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>		<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>
3.143 Nonpriority creditor's name and mailing address		Amount of Claim
<p>DE LOURDES ACOSTA MARIA</p> <p>500 E SAN ANTONIO AVE 905</p> <p>EL PASO, TX 79901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>		<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>
3.144 Nonpriority creditor's name and mailing address		Amount of Claim
<p>DEFRANCO ANGELA</p> <p>26 CENTRAL AVE</p> <p>STATEN ISLAND, NY 10301</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>		<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

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		Amount of Claim
<b>3.145</b>	<b>Nonpriority creditor's name and mailing address</b>  Dickey SETH 600 Commerce St 692 DALLAS, TX 75202  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.146</b>	<b>Nonpriority creditor's name and mailing address</b>  DOMBROVSKI EDUARD AND KAREN 3105 VETERANS MEMORIAL HWY RONKONKOMA, NY 11779  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.147</b>	<b>Nonpriority creditor's name and mailing address</b>  DRAGO SYLVIA 1 COURT ST RIVERHEAD NY, NY 11901  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED



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3.148	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>DUFFY PATRICIA</p> <p>296 PHILADELPHIA PEDESTRIAN TRANSIT</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ UNDETERMINED</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

3.149	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ECHEVARRIA MARIA</p> <p>435 N ORANGE AVE 400</p> <p>ORLANDO, FL 32801</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ UNDETERMINED</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

3.150	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>EGBUNA CLARA; CHIAZOR NDIWE; WINNIFRED NDIWE AND JOSEPHINE ONYIA</p> <p>201 CAROLINE ST</p> <p>HOUSTON, TX 77002</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ UNDETERMINED</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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		Amount of Claim
<b>3.151</b>	<b>Nonpriority creditor's name and mailing address</b>  ELDER JOE _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ ____ ____ ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.152</b>	<b>Nonpriority creditor's name and mailing address</b>  ELLIS ROBERT _____ 200 N WASHINGTON AVE _____ SCRANTON, PA 18503 _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ ____ ____ ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.153</b>	<b>Nonpriority creditor's name and mailing address</b>  ENRIQUEZ CARMEN _____ 851 GRAND CONCOURSE 111 _____ BRONX, NY 10451 _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ ____ ____ ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.154</b>	<p>ESCOBEDO MARIA</p> <p>600 59TH ST 2304</p> <p>GALVESTON, TX 77551</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.155</b>	<p>ESTATE OF STEPHANIE AND JOSEPH BURNS</p> <p>213 WASHINGTON ST</p> <p>TOMS RIVER, NJ 08753</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.156</b>	<p>FABIAN CHARLES M</p> <p>402 EAST STATE STREET CLERK'S OFFICE ROOM 2020</p> <p>TRENTON, NJ 08608</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.157 Nonpriority creditor's name and mailing address		Amount of Claim
FASSETT DANIEL AND LESLIE; INDIVIDUALLY AND AS PARENTS AND NATURAL OF JF A MINOR		
228 WALNUT ST		
HARRISBURG, PA 17101		
Date or dates debt was incurred		
Last 4 digits of account number		
As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$ UNDETERMINED
<input checked="" type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Disputed		
Basis for the claim:		PENDING LITIGATION
Is the claim subject to offset?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes		

3.158	Nonpriority creditor's name and mailing address	Amount of Claim
	FATALITY-GUEVARA ANTHONY; A MINOR BY AND THROUGH HIS GUARDIAN AD LITEM; ANAYELI ANGEL DE GUEVARA; ANAYELI ANGEL DE GUEVARA INDIVIDUALLY <hr/> 1945 S HILL ST <hr/> LOS ANGELES, CA 90007 <hr/>	As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred <span style="float: right;">_____</span>  Last 4 digits of account number <span style="float: right;">_ _ _ _</span>	Basis for the claim: <span style="float: right;">PENDING LITIGATION</span> <hr/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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3.160	Nonpriority creditor's name and mailing address	Amount of Claim
	--FIRE--DIMIZAS EUGENIA AND GEORGE; UTICA NATIONAL INSURANCE OF TEXAS <hr/> 400 CARLETON AVE CENTRAL ISLIP <hr/> NY, NY 11722 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes  

3.161	Nonpriority creditor's name and mailing address	Amount of Claim
	FRANK DAVID ASO AIG PROPERTY CASUALTY COMPANY <hr/> 1945 S HILL ST <hr/> LOS ANGELES, CA 90007 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes  

3.162	Nonpriority creditor's name and mailing address	Amount of Claim
	FRANKLIN JOYCE <hr/> 700 ADAMS ST <hr/> TOLEDO, OH 43604 <hr/> Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes  

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		Amount of Claim
<b>3.163</b>	<b>Nonpriority creditor's name and mailing address</b>  FRASER JOHN 100 N MAIN ST DOYLESTOWN, PA 18901  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.164</b>	<b>Nonpriority creditor's name and mailing address</b>  FREEMAN OLIVIA  _____ _____ _____  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.165</b>	<b>Nonpriority creditor's name and mailing address</b>  FREES JESSIE 50 W MARKET ST NEWARK, NJ 07102  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.166	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GHARIBIAN KEVORK</p> <p>88-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.167	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GIBA JULIA U; PARENT GILLIAN E GIBA AND PARENT JACK W GIBA; PAUL R GIBA; PARENT GILLIAN E GIBA; AND PARENT JACK W GIBA; AND ALEXIS R KELLY</p> <p>414 GRANT ST</p> <p>PITTSBURGH, PA 15219</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.168	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GIROLAMO ROSE</p> <p>88-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.169	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GOINS JACQUELINE</p> <p>401 MAIN ST D</p> <p>ZANESVILLE, OH 43701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.170	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GOLDENBAUM WILLIAM</p> <p>212 WASHINGTON ST</p> <p>NEWARK, NJ 07102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.171	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GOLDMAN ADAM AJ ASO STATE FARM GENERAL INSURANCE COMPANY</p> <p>191 N 1ST ST</p> <p>SAN JOSE, CA 95113</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>



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3.172	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GOLOMB DONALEE V ASO USAA GENERAL INDEMNITY COMPANY</p> <p>250 BENEFIT ST</p> <p>PROVIDENCE, RI 02903</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.173	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GOMEZ DE PERALTA SALUSTINA</p> <p>56 PATERSON ST</p> <p>NEW BRUNSWICK, NJ 08903</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.174	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GONZALEZ MARIA</p> <p>50 N DUKE ST</p> <p>LANCASTER, PA 17608</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.175</b>	<p>GREGGAIN THOMAS AND MARY</p> <p>74 WOOLWICH ST</p> <p>GUELPH, ON N1H 3T9</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.176</b>	<p>GRIER NORMAN AND VIRGINIA</p> <p>296 PHILADELPHIA PEDESTRIAN TRANSIT</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.177</b>	<p>GRITTNER BRIAN K</p> <p>215 S HAMILTON ST 2000</p> <p>MADISON, WI 53703</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.178	Nonpriority creditor's name and mailing address	Amount of Claim
	GROMILOVITZ MICHELLE	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	PENDING LITIGATION
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.179	Nonpriority creditor's name and mailing address	Amount of Claim
	GROS ZORA AND MIRKO	
	2293 N MAIN ST	
	CROWN POINT, IN 46307	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	PENDING LITIGATION
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.180	Nonpriority creditor's name and mailing address	Amount of Claim
	GROVE DARIUS AND GLORIA INDIVIDUALLY AND AS HUSBAND AND WIFE	
	2535 HWY 51 S 200	
	HERNANDO, MS 38632	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	PENDING LITIGATION
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.181</b>	<p>HALEY PERLENE</p> <p>140 ADAMS AVE 324</p> <p>MEMPHIS, TN 38103</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.182</b>	<p>HALL BEATRICE</p> <p>421 MADISON ST</p> <p>DETROIT, MI 48226</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.183</b>	<p>HAMILTON DIANE</p> <p>1945 S HILL ST</p> <p>LOS ANGELES, CA 90007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.184</b>	<p>HAMILTON LENIS</p> <hr/> <hr/> <hr/> <p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ___  ___  ___  ___</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.185</b>	<p>HARRINGTON DEBBIE</p> <hr/> <p>601 MULBERRY ST 216</p> <hr/> <p>MACON, GA 31201</p> <hr/> <p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ___  ___  ___  ___</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.186</b>	<p>HEAVEN MAUSEA</p> <hr/> <p>14735 MAIN ST</p> <hr/> <p>UPPER MARLBORO, MD 20772</p> <hr/> <p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ___  ___  ___  ___</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.187</b>	<p>HERMAN ANNETTE</p> <p>400 W STATE ST</p> <p>ROCKFORD, IL 61101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.188</b>	<p>HERMAN SHARON L</p> <p>700 ADAMS ST</p> <p>TOLEDO, OH 43604</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.189</b>	<p>HERNANDEZ BLANCA</p> <p>402 EAST STATE STREET CLERK'S OFFICE ROOM 2020</p> <p>TRENTON, NJ 08608</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.190</b>	<div>HRDLICKA LINDA</div> <div>700 E CARSON ST</div> <div>PITTSBURGH, PA 15203</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.191</b>	<div>HUGHEY CAROL</div> <div>_____</div> <div>_____</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.192</b>	<div>IBARRA TRINIDAD</div> <div>1945 S HILL ST</div> <div>LOS ANGELES, CA 90007</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.193</b>	<p>ISAAC MAXINE</p> <p>89-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.194</b>	<p>JOHNS BRENDA D PARKER</p> <p>110 W CONGRESS ST</p> <p>TUCSON, AZ 85701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.195</b>	<p>JOHNSON DORIS AND WILLIAM</p> <p>70 HUNTER ST</p> <p>WOODBURY, NJ 08096</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.196</b>	<p>JOHNSON ROSA MARIA</p> <p>247 W 3RD ST</p> <p>SAN BERNARDINO, CA 92415</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.197</b>	<p>JONES AZIZA</p> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.198</b>	<p>JONES EVA</p> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.199	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>JULIANN HAMMON AND TANYA LAREE STUBBS</p> <p>401 E SPRING ST</p> <p>KINGMAN, AZ 86402</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.200	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KARIM RUQAYYAH</p> <p>2 E AIRY ST</p> <p>NORRISTOWN, PA 19401</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.201	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KILKER MILES AND PATRICIA</p> <p>100 N MAIN ST</p> <p>DOYLESTOWN, PA 18901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.202	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KIP PATRICIA</p> <p>1 COURT ST RIVERHEAD</p> <p>NY, NY 11901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.203	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KIRKLAND RONALD</p> <p>311 E RAMSEY ST</p> <p>BANNING, CA 92220</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.204	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KISH CHRISTINA</p> <p>125 W WASHINGTON ST</p> <p>PHOENIX, AZ 85003</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.205</b>	<div>KRASNIQI QAZIM B</div> <div>60 CENTRE ST</div> <div>NEW YORK, NY 10007</div> <div style="margin-top: 10px;">Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _  </div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
<b>3.206</b>	<div>LAPOINT LARRY</div> <div>1100 UNION ST</div> <div>SAN DIEGO, CA 92101</div> <div style="margin-top: 10px;">Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _  </div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
<b>3.207</b>	<div>LAPOINTE GUY</div> <div>56 FEDERAL ST</div> <div>SALEM, MA 01970</div> <div style="margin-top: 10px;">Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _  _  _  _  </div>	<div>As of the petition filing date, the claim is: <span style="float: right;">\$ UNDETERMINED</span> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>

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		Amount of Claim
<b>3.208</b>	<b>Nonpriority creditor's name and mailing address</b>  LEON BLANCA 1100 COMMERCE ST 1452 DALLAS, TX 75242  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.209</b>	<b>Nonpriority creditor's name and mailing address</b>  LESOKEN PATRICIA AND CHARLES 601 MARKET ST 2609 PHILADELPHIA, PA 19106  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.210</b>	<b>Nonpriority creditor's name and mailing address</b>  LIBO DAVID AND MIRIAM 1945 S HILL ST LOS ANGELES, CA 90007  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.211</b>	<p>LLOYD ANNETTE</p> <hr/> <p>296 PHILADELPHIA PEDESTRIAN TRANSIT</p> <hr/> <p>PHILADELPHIA, PA 19107</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.212</b>	<p>LOPEZ LOZADA JUAN; BENEDICTA DIAZ TORRES; ET AL</p> <hr/> <p>AVENIDA MUÑOZ RIVERA ESQUINA COLL Y TOSTE PARADA 37</p> <hr/> <p>AV LUIS MUÑOZ RIVERA, PR 00925</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.213</b>	<p>LOTT AMY M</p> <hr/> <p>630 MAIN ST</p> <hr/> <p>HATTIESBURG, MS 39401</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.214</b>	<b>Nonpriority creditor's name and mailing address</b>  LOVETT SARAH L 302 BROAD ST NEW BERN, NC 28560  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.215</b>	<b>Nonpriority creditor's name and mailing address</b>  LYONS JR JAMES 361-421 MIDDLESEX ST LOWELL, MA 01852  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.216</b>	<b>Nonpriority creditor's name and mailing address</b>  MALDONADO YESENIA AN INDIVIDUAL 200 LEWIS AVENUE LAS VEGAS, NV 89155  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.217</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MALONE ROBERT ADMINISTRATOR OF THE ESTATE OF RHODA MALONE; AND ROBERT MALONE INDIVIDUALLY</p> <p>301 W MAIN ST</p> <p>CLARKSBURG, WV 26301</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.218</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MANLEY LORRAINE</p> <p>95 WASHINGTON ST</p> <p>HARTFORD, CT 06106</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.219</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MCCLOUD SEAN AND MICHELLE</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>



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3.220	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MCFARLAND MAYA ASO ALLSTATE INSURANCE COMPANY</p> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.221	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MCLEAN BARBARA AND ALSMITH</p> <p>50 W MARKET ST</p> <p>NEWARK, NJ 07102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.222	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MCMILLION COREY AND KATIE</p> <p>50 N DUKE ST</p> <p>LANCASTER, PA 17602</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.223</b>	<p>MELGAR ROSA</p> <p>2 BROAD ST</p> <p>ELIZABETH, NJ 07201</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.224</b>	<p>MELENDEZ ADRIANA</p> <p>615 E SCHUSTER AVE BLDG 1</p> <p>EL PASO, TX 79902</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.225</b>	<p>MICHEL-LEVEQUE MARIE</p> <p>60 CENTRE ST</p> <p>NEW YORK, NY 10007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.226</b>	<b>Nonpriority creditor's name and mailing address</b>  MINNIS PAULINE 217 W KING ST 101 MARTINSBURG, WV 25401  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.227</b>	<b>Nonpriority creditor's name and mailing address</b>  MIRANDO VIRGINIA 1 COURT ST RIVERHEAD, NY 11901  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.228</b>	<b>Nonpriority creditor's name and mailing address</b>  MISSION NATALIE 296 PHILADELPHIA PEDESTRIAN TRANSIT PHILADELPHIA, PA 19107  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.229	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MORRIS GEORGE</p> <p>111 DR MARTIN LUTHER KING JR BLVD</p> <p>WHITE PLAINS, NY 10601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.230	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MOZAYENI MANDANA</p> <p>1200 ONTARIO ST</p> <p>CLEVELAND, OH 44113</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.231	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>NAWFEL ROBERT AND SUSAN ASO ENCOMPASS PROPERTY AND CASUALTY INSURANCE COMPANY</p> <p>101 W JEFFERSON ST</p> <p>PHOENIX, AZ 85003</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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3.232	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>NESTOR ROBERT AND MELINDA NESTOR ASO STATE FARM LLOYDS</p> <p>201 CAROLINE ST</p> <p>HOUSTON, TX 77002</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.233	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>NOBLES PATRICIA</p> <p>1149 PEARL ST</p> <p>BEAUMONT, TX 77701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.234	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>NOEL VERONA</p> <p>400 CARLETON AVE CENTRAL ISLIP</p> <p>NY, NY 11722</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.235</b>	<b>Nonpriority creditor's name and mailing address</b>  NOEL VERONA 400 CARLETON AVE CENTRAL ISLIP NY, NY 11722  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.236</b>	<b>Nonpriority creditor's name and mailing address</b>  NORTON JULIA LACKEY 325 DR MARTIN LUTHER KING WAY 1004 GASTONIA, NC 28052  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.237</b>	<b>Nonpriority creditor's name and mailing address</b>  NPD-LEMAIRE FARON 1000 GUADALUPE ST 112 AUSTIN, TX 78701  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.238	Nonpriority creditor's name and mailing address	Amount of Claim
	NPJ-RIDGEWAY LAFARRAH 140 W 6TH ST ERIE, PA 16501  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: \$ _____ UNDETERMINED <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

3.239	Nonpriority creditor's name and mailing address	Amount of Claim
	OQUENDO DANIEL 330 E BAY ST 220 JACKSONVILLE, FL 32202  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: \$ _____ UNDETERMINED <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

3.240	Nonpriority creditor's name and mailing address	Amount of Claim
	PARISI JOANNE 14 WEST JEFFERSON STREET JOLIET, IL 60432  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: \$ _____ UNDETERMINED <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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3.241	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PARKER ELAINE</p> <p>321 TUOLUMNE ST</p> <p>VALEEJO, CA 94590</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.242	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PARKER NATALIE AND EDWARD PARKER HUSBAND AND WIFE</p> <p>70 HUNTER ST</p> <p>WOODBURY, NJ 08096</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.243	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PATTERSON SANDRA AND PATTERSON FREDDIE HER HUSBAND</p> <p>7380 FL-100 STE 10</p> <p>KEYSTONE HEIGHTS, FL 32656</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED



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		Amount of Claim
<b>3.244</b>	<b>Nonpriority creditor's name and mailing address</b>  PERRY BABEGENE J 212 WASHINGTON ST NEWARK, NJ 07102  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.245</b>	<b>Nonpriority creditor's name and mailing address</b>  PHILLIPS CAROL AND RICHARD 33 S 3RD ST TERRE HAUTE, IN 47807  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.246</b>	<b>Nonpriority creditor's name and mailing address</b>  PROMOLLO GUSTAVE AND DONNA 50 W MARKET ST NEWARK, NJ 07102  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.247	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PROSCIA PATRIZIA M AND FRANK</p> <p>1 S MAIN ST</p> <p>NEW CITY, NY 10956</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.248	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PUHAC ANGELA</p> <p>700 E CARSON ST</p> <p>PITTSBURGH, PA 15203</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.249	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>RAHIMI FRESHTA</p> <p>5151 GLEASON DR</p> <p>DUBLIN, CA 94568</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.250	Nonpriority creditor's name and mailing address	Amount of Claim
	REHEIS MARGARET AND MATTHEW <hr/> 50 W MARKET ST <hr/> NEWARK, NJ 07102 <hr/>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ____  ____  ____  ____</p>	<p>\$ _____ UNDETERMINED</p>

3.251	Nonpriority creditor's name and mailing address	Amount of Claim
	RENNER JACK F INDIVIDUALLY; AND AS PERSONAL REPRESENTATIVE OF THE ESTATE OF PATRICIA J RENNER <hr/> 3315 TAMiami TRAIL E <hr/> NAPLES, FL 34112 <hr/>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ____  ____  ____  ____</p>	<p>\$ _____ UNDETERMINED</p>

3.252	Nonpriority creditor's name and mailing address	Amount of Claim
	RIVERA LINDA BERNARD AND JASON <hr/> 851 GRAND CONCOURSE 111 <hr/> BRONX, NY 10451 <hr/>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    ____  ____  ____  ____</p>	<p>\$ _____ UNDETERMINED</p>

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		Amount of Claim
<b>3.253</b>	<b>Nonpriority creditor's name and mailing address</b>  RIVERA VILA CARMEN M _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.254</b>	<b>Nonpriority creditor's name and mailing address</b>  RODRIGUEZ VELAZQUEZ JUDITH _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.255</b>	<b>Nonpriority creditor's name and mailing address</b>  ROLLER MISTY _____ 501 14TH ST PHENIX CITY _____ PHENIX CITY, AL 36867 _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>

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3.256	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ROMANOWSKI VIVIAN</p> <p>1 COURT ST RIVERHEAD</p> <p>NY, NY 11901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.257	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ROUTHENI MANDISA C FKA MANDISA C BRADLEY AND</p> <p>AHDOHNY S ROUTHENI</p> <p>4110 CHAIN BRIDGE RD</p> <p>FAIRFAX, VA 22030</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.258	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SAC - DOHR SEAN</p> <p>10 N 1ST ST</p> <p>MIAMISBURG, OH 45342</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.259	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SAC-BAKER TRISTA</p> <p>175 MAIN ST</p> <p>BURLINGTON, VT 05401</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.260	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SAC-CLARY WILLIAM A ASO ALLSTATE NORTHBROOK INDEMNITY COMPANY</p> <p>109 N UNION ST</p> <p>LIMA, OH 45801</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.261	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SAC-FATALITY-MORAN ESTHER; INDIVIDUALLY AND NEXT OF KIN TO TONY MORAN; DECEASED AND AS ADMINISTRATOR OF THE ESTATE OF TONY MORAN</p> <p>3677 US-2</p> <p>NORTH HERO, VT 05474</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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		Amount of Claim
<b>3.262</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SAC-MABRY BRITTANY <hr/> 4 SUMMIT AVE <hr/> HAGERSTOWN, MD 21740 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.263</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SAC-PETERSON STEVEN <hr/> 3131 W DURANGO ST <hr/> PHOENIX, AZ 85009 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.264</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SAC-SRIVASTAVA MANISH <hr/> 8585 JOHN WESLEY DR 130 <hr/> FRISCO, TX 75034 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>

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3.265	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SAC-ZOUFAN REZA</p> <p>2303 N 7TH ST</p> <p>WEST MONROE, LA 71291</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.266	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SALVA PEDRO S III</p> <p>701 N COLUMBIA ST</p> <p>COVINGTON, LA 70433</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

3.267	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SANTA MARIA JUANITA</p> <p>100 N CLOSNER BLVD</p> <p>EDINBURG, TX 78557</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.268</b>	<div>SARABIA JACQUELINE</div> <div>105 E VERMIJO AVE</div> <div>COLORADO SPRINGS, CO 80903</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    ___ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.269</b>	<div>SARINANA LUIS AND SANDRA</div> <div>_____</div> <div>_____</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    ___ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.270</b>	<div>SCHELMETY JAIME</div> <div>1 COURT ST RIVERHEAD</div> <div>NY, NY 11901</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    ___ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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3.271	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SEPULVEDA LUIS</p> <p>1 COURT ST</p> <p>RIVERHEAD, NY 11901</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.272	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SHADANLOO KOJASTEH ASO SENTINEL INSURANCE COMPANY LTD</p> <p>945 S HILL ST</p> <p>LOS ANGELES, CA 90007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.273	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SHAHED TERESA; ROUFAIL RAMZY AYAD; LOSEH SOLIMAN; RANEEM RAMZY A MINOR; BISHOY RAMZY A MINOR; NATALIE RAMZY A MINOR; LILLIA RAMZY A MINOR; ALL BY THEIR GUARDIAN AD LITEM TERESA SHAHED</p> <p>700 W CIVIC CENTER DR</p> <p>SANTA ANA, CA 92701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.274	Nonpriority creditor's name and mailing address	Amount of Claim
	SHAPIRO JODY ASO HIGH POINT PREFERRED INS COMPANY	
	50 W MARKET ST	
	NEWARK, NJ 07102	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.275	Nonpriority creditor's name and mailing address	Amount of Claim
	SHIRLEY BRYANNA	
	1945 S HILL ST	
	LOS ANGELES, CA 90007	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.276	Nonpriority creditor's name and mailing address	Amount of Claim
	SHO-DIAZ FELICITA	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.277</b>	<div>SHO-GB - FELIS GARY</div> <div>201 E SECTION AVE</div> <div>FOLEY, AL 36535</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>
<b>3.278</b>	<div>SHO-GB - JEFFRIES PAULA AND RICHARD</div> <div>3970 KAANA ST</div> <div>LIHUE, HI 96766</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>
<b>3.279</b>	<div>SHO-GB-AUTO-FATALITY-NUNEZ ALMA; INDIVIDUALLY AND AS THE PERSONAL REPRESENTATIVE OF THE ESTATE OF APOLINAR NUNEZ</div> <div> </div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>

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3.280	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SHO-GB-BARTELS JULE AND DIANNNA ASO STATE FARM FIRE AND CASUALTY COMPANY</p> <p>300 MAIN ST</p> <p>HILLSBORO, MO 63050</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.281	<p>Nonpriority creditor's name and mailing address</p> <p>SHO-GB-BLANCO CHRISTINE ASO ACCESS HOME INSURANCE COMPANY</p> <p>300 SOUTH IBERIA STREET</p> <p>NEW IBERIA, LA 70560</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>Amount of Claim</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
3.282	<p>Nonpriority creditor's name and mailing address</p> <p>SHO-GB-BROUCHET MYRA</p> <p>1001 LAKESHORE DR 300</p> <p>LAKE CHARLES, LA 70601</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>Amount of Claim</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.283	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SHO-GB-CLARK RALPH</p> <p>235 CHURCH ST</p> <p>NEW HAVEN, CT 06510</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>
3.284	<p>Nonpriority creditor's name and mailing address</p> <p>SHO-GB-CRAIG JENICE</p> <p>716 RICHARD ARRINGTON JR BLVD N</p> <p>BIRMINGHAM, AL 35203</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>
3.285	<p>Nonpriority creditor's name and mailing address</p> <p>SHO-GB-FASSETT DANIEL AND LESLIE; INDIVIDUALLY AND AS PARENTS AND NATURAL OF JF A MINOR</p> <p>235 N WASHINGTON AVE</p> <p>SCRANTON, PA 18503</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>UNDETERMINED</u></p>

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3.286	Nonpriority creditor's name and mailing address	Amount of Claim
	SHO-GB-FATALITY-MURRAY SOMMER; INDIVIDUALLY AND AS ADMINISTRATOR OF THE ESTATE OF ANDREW MURRAY; TAYLER SIMMONS; AS NEXT FRIEND OF TM A MINOR; DAVID MURRAY; AND CINDY MURRAY BARNETT	
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.287	Nonpriority creditor's name and mailing address	Amount of Claim
	SHO-GB-FRASER JOHN	
	100 N MAIN ST	
	DOYLESTOWN, PA 18901	
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.288	Nonpriority creditor's name and mailing address	Amount of Claim
	SHO-GB-KAVIANI JAVAD	
	243 S WATER ST	
	HENDERSON, NV 89015	
	<p><b>Date or dates debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b>    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.289</b>	<div>SHO-GB-MCKENZIE LEONARD</div> <div>100 SUPREME CT DR MINEOLA</div> <div>MINEOLA, NY 11501</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">                     \$ <u>UNDETERMINED</u> </div>
<b>3.290</b>	<div>SHO-GB-MICHEL-LEVEQUE MARIE</div> <div>60 CENTRE ST</div> <div>NEW YORK, NY 10007</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">                     \$ <u>UNDETERMINED</u> </div>
<b>3.291</b>	<div>SHO-GB-MOUNTAIN VALLEY FLOOR MATS LLC</div> <div>159 E MAIN ST</div> <div>REXBURG, ID 83440</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">                     \$ <u>UNDETERMINED</u> </div>



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		Amount of Claim
<b>3.292</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SHO-GB-RIVAS ALEJANDRINA <hr/> 200 DERBIGNY ST <hr/> GRETNA, LA 70053 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ <b>UNDETERMINED</b>
<b>3.293</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SHO-GB-SOSNA STUART <hr/> 101 N ALABAMA AVE <hr/> DELAND, FL 32724 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ <b>UNDETERMINED</b>
<b>3.294</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> SHO-GB-SOUTHARD VERA <hr/> 400 GRAND ST <hr/> WATERBURY, CT 06702 <hr/> <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ <b>UNDETERMINED</b>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.295</b>	<div>SHO-GB-STALLSWORTH JACK</div> <div>51 W MAIN ST</div> <div>DANVILLE, IN 46122</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.296</b>	<div>SHO-GB-TASSEY MICHAEL EUGENE</div> <div>_____</div> <div>_____</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.297</b>	<div>SHO-GB-THUNELL WARREN S AND JOY</div> <div>2 BROAD ST</div> <div>ELIZABETH, NJ 07201</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.298</b>	<div>SHO-GB-WILLIAMS MARY ERRANA</div> <div>800 S BUCHANAN ST</div> <div>LAFAYETTE, LA 70502</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.299</b>	<div>SHO-GB-WITTMAYER JOSEPH C</div> <div>1 S MAIN ST 3</div> <div>ALBION, NY 14411</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.300</b>	<div>SHO-WASIK DONALD</div> <div>75 LANGLEY DR</div> <div>LAWRENCEVILLE, GA 30046</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.301</b>	<p>SINGLETON APRIL</p> <hr/> <p>425 N ORANGE AVENUE</p> <hr/> <p>ORLANDO, FL 32801</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.302</b>	<p>SMITH DESHAUN</p> <hr/> <p>111 E LOCUST ST 500</p> <hr/> <p>ANGLETON, TX 77515</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.303</b>	<p>STANDRIDGE CLIFFORD</p> <hr/> <p>110 CALLE DE ALEGRA</p> <hr/> <p>LAS CRUCES, NM 88005</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.304</b>	<div>STEVANOVIC MIROSLAV</div> <div>50 W WASHINGTON ST 801</div> <div>CHICAGO, IL 60602</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.305</b>	<div>STRZELECKI PATRICIA AND PAUL</div> <div>35 W MAIN ST</div> <div>BLOOMSBURG, PA 17815</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.306</b>	<div>SZUCH TERRI</div> <div>2213 BROWNSVILLE RD</div> <div>PITTSBURGH, PA 15210</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.307</b>	<p>TASSEY MICHAEL EUGENE</p> <p>1945 S HILL ST</p> <p>LOS ANGELES, CA 90007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.308</b>	<p>TELLO MAYHUA</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.309</b>	<p>THOMAS ANGELA</p> <p>3560 WILLOWCREEK RD</p> <p>PORTAGE, IN 46368</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.310	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>TOLEN TYRONE</p> <p>88-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.311	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>TSEDAL NOEL</p> <p>210 W TEMPLE ST</p> <p>LOS ANGELES, CA 90012</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.312	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>TUITT EUNICE</p> <p>851 GRAND CONCOURSE 111</p> <p>BRONX, NY 10451</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.313</b>	<p>TUTTLE STEPHEN</p> <hr/> <p>402 EVERGREEN ST C1</p> <hr/> <p>DURANT, OK 74701</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.314</b>	<p>TYSON LEONARD</p> <hr/> <p>PHILADELPHIA CITY HALL CHESTNUT ST</p> <hr/> <p>PHILADELPHIA, PA 19107</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.315</b>	<p>UZOARU MATTHIAS E</p> <hr/> <p> </p> <hr/> <p> </p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>



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		Amount of Claim
<b>3.316</b>	<b>Nonpriority creditor's name and mailing address</b>  VALEDON GIMENEZ YOLANDA _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.317</b>	<b>Nonpriority creditor's name and mailing address</b>  VANN RAYMOND _____ 60 CENTRE ST _____ NEW YORK, NY 10007 _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.318</b>	<b>Nonpriority creditor's name and mailing address</b>  VASQUEZ NORA _____ 601 MARKET ST 2609 _____ PHILADELPHIA, PA 19106 _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.319</b>	<p>VINES ANNA</p> <p>345 S HIGH ST</p> <p>COLUMBUS, OH 43215</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.320</b>	<p>VOELCKER CARLOS T</p> <p>88-11 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.321</b>	<p>VUONG ANTHONY</p> <p>201 CAROLINE ST</p> <p>HOUSTON, TX 77002</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.322</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">WAKULIK TRICIA</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">1 THE CIRCLE 2</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">GEORGETOWN, DE 19947</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Last 4 digits of account number      _ _ _ _</div>	<div style="margin-bottom: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div style="margin-bottom: 10px;"> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>
<b>3.323</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">WESTFIELD INSURANCE COMPANY</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">301 W MAIN ST</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">CLARKSBURG, WV 26301</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Last 4 digits of account number      _ _ _ _</div>	<div style="margin-bottom: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div style="margin-bottom: 10px;"> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>
<b>3.324</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">WICKS TERRI</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">PHILADELPHIA CITY HALL CHESTNUT ST</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">PHILADELPHIA, PA 19107</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">Last 4 digits of account number      _ _ _ _</div>	<div style="margin-bottom: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i> </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div style="margin-bottom: 10px;"> <b>Basis for the claim:</b> <u>PENDING LITIGATION</u> </div> <div> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div>
		\$ <u>UNDETERMINED</u>

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		Amount of Claim
<b>3.325</b>	<b>Nonpriority creditor's name and mailing address</b>  WIDMEIER ROBERT AND APRIL WIDMEIER 50 W WASHINGTON ST 801 CHICAGO, IL 60602  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.326</b>	<b>Nonpriority creditor's name and mailing address</b>  WILLIAMS KIMBERLY 49 RANOCAS ROAD MT HOLLY, NJ 08060  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.327</b>	<b>Nonpriority creditor's name and mailing address</b>  WILLIAMS LATOYA 75 LANGLEY DR LAWRENCEVILLE, GA 30046  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.328	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WILLIAMS PAMELA D</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.329	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WILLIAMSON DEBRA</p> <p>_____</p> <p>1945 S HILL ST</p> <p>_____</p> <p>LOS ANGELES, CA 90007</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.330	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>WLR AUTOMOTIVE GROUP INC ASO SELECTIVE INSURANCE COMPANY</p> <p>_____</p> <p>8914 KELSO DR</p> <p>_____</p> <p>ESSEX, MD 21221</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.331	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>IOWA DEPARTMENT OF JUSTICE OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION</p> <p>NOEL JUDICIAL COMPLEX 222 QUAKER LN</p> <p>WARWICK, RI 02886</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.332	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OFFICE OF THE FLORIDA ATTORNEY GENERAL MULTI-STATE AND PRIVACY BUREAU</p> <p>110 SE 6TH STREET</p> <p>FT LAUDERDALE, FL 33301</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.333	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>STATE OF KANSAS OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION AND ANTITRUST DIVISION</p> <p>MEMORIAL HALL 120 SW 10TH AVE 2ND FLOOR</p> <p>TOPEKA, KS 66612-1597</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.334 Nonpriority creditor's name and mailing address		Amount of Claim
RILEY ROGER AND CYTHIA FRED BONCHER 601 THREE MILE ROAD NW GRAND RAPIDS, MI 49544  Date or dates debt was incurred <u>8/1/2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>		As of the petition filing date, the claim is: <u>1,250.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.335 Nonpriority creditor's name and mailing address		Amount of Claim
THE PEOPLE OF THE STATE OF CALIFORNIA 42011 4TH ST W LANCASTER, CA 93534  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>		As of the petition filing date, the claim is: <u>UNDETERMINED</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>PENDING LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.336 Nonpriority creditor's name and mailing address		Amount of Claim
THE PEOPLE OF THE STATE OF CALIFORNIA 42011 4TH ST W LANCASTER, CA 93534  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>		As of the petition filing date, the claim is: <u>UNDETERMINED</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>PENDING LITIGATION</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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3.337	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SUPERIOR COURT OF THE STATE OF WASHINGTON COUNTY OF WHATCOM</p> <p>311 GRAND AVENUE SUITE 301</p> <p>BELLINGHAM, WA 98225</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.338	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CO COMPUTERSHARE TRUST COMPANY NA</p> <p>250 ROYAL STREET</p> <p>CANTON, MA 02021</p> <p>Date or dates debt was incurred <u>3/15/2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>228,198,164.00</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>HOLDINGS UNSECURED PIK NOTES</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.339	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CO COMPUTERSHARE TRUST COMPANY NA</p> <p>250 ROYAL STREET</p> <p>CANTON, MA 02021</p> <p>Date or dates debt was incurred <u>11/21/2014</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>421,331,968.00</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>HOLDINGS UNSECURED NOTES</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>



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3.340	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - CA</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.341	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <p>HATO REY, PR 00918</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.342	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <p>HATO REY, PR 00918</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.343	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <hr/> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <hr/> <p>HATO REY, PR 00918</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.344	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <hr/> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <hr/> <p>HATO REY, PR 00918</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.345	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <hr/> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <hr/> <p>HATO REY, PR 00918</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.346	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - FEDERAL</p> <p>200 CONSTITUTION AVE NW</p> <p>WASHINGTON, DC 20210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.347	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - PUERTO RICO</p> <p>PRUDENCIO RIVERA MARTINEZ BUILDING 505 MUÑOZ RIVERA AVENUE</p> <p>HATO REY, PR 00918</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

3.348	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>OSHA - FEDERAL</p> <p>200 CONSTITUTION AVE NW</p> <p>WASHINGTON, DC 20210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$ <u>UNDETERMINED</u>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.349</b>	<p>OSHA - FEDERAL</p> <p>200 CONSTITUTION AVE NW</p> <p>WASHINGTON, DC 20210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.350</b>	<p>OSHA - FEDERAL</p> <p>200 CONSTITUTION AVE NW</p> <p>WASHINGTON, DC 20210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.351</b>	<p>OSHA - FEDERAL</p> <p>200 CONSTITUTION AVE NW</p> <p>WASHINGTON, DC 20210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.352	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>UNDETERMINED</p> <p>450 GOLDEN GATE AVE</p> <p>SAN FRANCISCO, CA 94102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.353	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>UNDETERMINED</p> <p>450 GOLDEN GATE AVE</p> <p>SAN FRANCISCO, CA 94102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.354	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>PENSION BENEFIT GUARANTY CORPORATION</p> <p>1200 K STREET NW SUITE 300</p> <p>WASHINGTON, DC 20005</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENSION PLAN TERMINATION LIABILITY</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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3.355	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CENTER FOR ADVANCED PUBLIC AWARENESS INC CAPA</p> <p>CO KAWAHITO LAW GROUP APC 222 N SEPULVEDA BLVD STE 2222</p> <p>EL SEGUNDO, CA 90245</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: ENVIRONMENTAL CLAIMS</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.356	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CENTER OF ENVIRONMENTAL HEALTH CEH</p> <p>CO LEXINGTON LAW GROUP 503 DIVISADERO ST</p> <p>SAN FRANCISCO, CA 94117</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: ENVIRONMENTAL CLAIMS</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.357	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CONSUMER ADVOCACY GROUP INC CAG</p> <p>CO REUBEN YEROUSHALMI ESQ 9100 WILSHIRE BLVD STE 240W</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: ENVIRONMENTAL CLAIMS</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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3.358	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>EMA BELL</p> <p>9595 WILSHIRE BLVD SUITE 900</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.359	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>GABRIEL ESPINOSA</p> <p>CO BRODSKY &amp; SMITH LLC 9595 WILSHIRE BLVD SUITE 900</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.360	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MICHAEL DIPIRRO</p> <p>CO BUSH &amp; HENRY LAW 6761 SEBASTOPOL AVE STE 111</p> <p>SEBASTOPOL, CA 95472</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.361</b>	<p>PRECILA BALABBO</p> <p>9595 WILSHIRE BLVD SUITE 900</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ENVIRONMENTAL CLAIMS</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.362</b>	<p>SUSAN DAVIA</p> <p>CO GREGORY SHEFFER SHEFFER LAW FIRM 81 THROCKMORTON AVE STE 202</p> <p>MILL VALLEY, CA 94941</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ENVIRONMENTAL CLAIMS</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.363</b>	<p>ANTHONY FERREIRO</p> <p>9595 WILSHIRE BLVD SUITE 900</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING AND POSSIBLE LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>



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3.364	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>KAREN CALACIN</p> <p>9595 WILSHIRE BLVD SUITE 900</p> <p>BEVERLY HILLS, CA 90212</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.365	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>LAURENCE VINOCUR</p> <p>CO JOSH VOORHEES THE CHANLER GROUP 2560 NINTH ST STE 214</p> <p>BERKELEY, CA 94710</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.366	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>SHEFA LMV INC</p> <p>7120 HAYVENHURST AVE STE 320</p> <p>VAN NUYS, CA 91406</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>ENVIRONMENTAL CLAIMS</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.367</b>	<div>CABRERA GABRIELA</div> <div>1301 CLAY ST 400S</div> <div>OAKLAND, CA 94612</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.368</b>	<div>DEPARTMENT OF TRANSPORTATION</div> <div>77 UNION ST S</div> <div>CONCORD, NC 28025</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.369</b>	<div>FLATBUSH CENTER PARKING LLC</div> <div>NEW YORK NY 10018</div> <div>NEW YORK, NY 10018</div> <div><b>Date or dates debt was incurred</b> _____</div> <div><b>Last 4 digits of account number</b>    _ _ _ _</div>	<div><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></div> <div><b>Is the claim subject to offset?</b></div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.370</b>	<div>FLATBUSH CENTER PARKING LLC</div> <div>16077 MICHIGAN AVE</div> <div>DEARBORN, MI 48126</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.371</b>	<div>UNDETERMINED</div> <div>450 GOLDEN GATE AVE</div> <div>SAN FRANCISCO, CA 94102</div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>
<b>3.372</b>	<div>BELL EMMA</div> <div> </div> <div> </div> <div>Date or dates debt was incurred _____</div> <div>Last 4 digits of account number    _ _ _ _</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div> <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </div> <div>Basis for the claim: <u>PENDING LITIGATION</u></div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes                 </div> <div style="text-align: right;">\$ <u>UNDETERMINED</u></div>

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3.373	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CONSUMER ADVOCACY GROUP INC IN THE PUBLIC INTEREST</p> <p>1225 FALLON ST</p> <p>OAKLAND, CA 94612</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.374	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>CYNTHIA CHALMERS</p> <p>42 BROADWAY</p> <p>NEW YORK, NY 10004</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

3.375	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>FERREIRO ANTHONY</p> <p>350 MCALLISTER ST</p> <p>SAN FRANCISCO, CA 94102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.376</b>	<b>Nonpriority creditor's name and mailing address</b>  JOE HARRINGTON 3054 W GRAND BLVD DETROIT, MI 48202  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.377</b>	<b>Nonpriority creditor's name and mailing address</b>  1291079 ONTARIO LIMITED 74 WOOLWICH ST GUELPH, ON N1H 3T9  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.378</b>	<b>Nonpriority creditor's name and mailing address</b>  BAILIS SR JAMES R 2 JAMES DUNCAN PLAZA MASSILLON, OH 44646  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.379</b>	<b>Nonpriority creditor's name and mailing address</b>  CAI HONG NIU 200 W FRONT ST BOISE, ID 83702  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.380</b>	<b>Nonpriority creditor's name and mailing address</b>  CHANDRABHUSHAN ANAND 99 MAIN ST HEMPSTEAD, NY 11550  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.381</b>	<b>Nonpriority creditor's name and mailing address</b>  CRUZ DAVID 118 WASHINGTON ST TOMS RIVER, NJ 08754  Date or dates debt was incurred _____  Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.382	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>DAVIS BERNARD L</p> <p>W REGENT ST</p> <p>INGLEWOOD, CA 90301</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.383	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>DEANGELIS PAUL</p> <p>101 S 5TH ST</p> <p>CAMDEN, NJ 08103</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.384	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>DESILVA DIANA</p> <p>9 N MAIN ST</p> <p>CAPE MAY COURT HOUSE, NJ 08210</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.385</b>	<p>DEVAUX ROSLYN</p> <p>375 S HIGH ST</p> <p>COLUMBUS, OH 43215</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.386</b>	<p>FARIS BARBARA</p> <p>175 MAIN ST</p> <p>PIKEVILLE, KY 41501</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.387</b>	<p>FLYNN NETTIE</p> <p>1339 CHESTNUT ST 10TH FLOOR</p> <p>PHILADELPHIA, PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>



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3.388	Nonpriority creditor's name and mailing address	Amount of Claim
	FORTUNE BRUCE S AND SCHENETTA D	
	111 ENNIS ST	
	BOWLING GREEN, VA 22427	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.389	Nonpriority creditor's name and mailing address	Amount of Claim
	GUTTMAN ASAF	
	9 N MAIN ST	
	CAPE MAY COURT HOUSE, NJ 08210	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.390	Nonpriority creditor's name and mailing address	Amount of Claim
	HALL JEFFREY	
	1036 SE DOUGLAS AVE 201	
	ROSEBURG, OR 97470	
	Date or dates debt was incurred	
	Last 4 digits of account number	
	As of the petition filing date, the claim is: Check all that apply.	\$ UNDETERMINED
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: PENDING LITIGATION	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.391</b>	<p>HARRISON CARL AND ELLA</p> <p>100 S BROADWAY</p> <p>YONKERS, NY 10701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.392</b>	<p>HEADLEY PETER</p> <p>89-17 SUTPHIN BLVD</p> <p>JAMAICA, NY 11435</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>
<b>3.393</b>	<p>HELAI EWAIS</p> <p>150 N MICHIGAN AVE 3050</p> <p>CHICAGO, IL 60601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ UNDETERMINED</p>

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		Amount of Claim
<b>3.394</b>	<b>Nonpriority creditor's name and mailing address</b>  HUGO R JR SCHULZ - 770 MT ORAB PIKE GEORGETOWN, AL 35121  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.395</b>	<b>Nonpriority creditor's name and mailing address</b>  IDA BOLDEN 201 CAROLINE ST HOUSTON, TX 77002  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.396</b>	<b>Nonpriority creditor's name and mailing address</b>  INGRISANI CHRIS 141 LIVINGSTON ST BROOKLYN CENTER, NY 11201  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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3.397

Nonpriority creditor's name and mailing address

JONNA JAMAL

1100 UNION ST

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:  
Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

☐ No

☐ Yes

Amount of Claim

\$ UNDETERMINED

3.398

Nonpriority creditor's name and mailing address

JP BESTEDER

227 W MICHIGAN AVE

KALAMAZOO, MI 49007

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:  
Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

☐ No

☐ Yes

Amount of Claim

\$ UNDETERMINED

3.399

Nonpriority creditor's name and mailing address

KAYE DENNIS

300 E WALNUT ST 102

PASADENA, CA 91101

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:  
Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

☐ No

☐ Yes

Amount of Claim

\$ UNDETERMINED

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		Amount of Claim
<b>3.400</b>	<b>Nonpriority creditor's name and mailing address</b>  LE CONTE JOHN N 927 CASTLETON AVE STATEN ISLAND, NY 10310  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.401</b>	<b>Nonpriority creditor's name and mailing address</b>  MYLES RONNIE 25 W 11TH ST 260 ANNISTON, AL 36201  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.402</b>	<b>Nonpriority creditor's name and mailing address</b>  MYLONAS ALEX CITY HALL MARKET ST PHILADELPHIA, PA 19107  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

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		Amount of Claim
<b>3.403</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>PEDERSEN MATTHEW</u> <u>227 W MICHIGAN AVE</u> <u>KALAMAZOO, MI 49007</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ___ ___ ___ ___	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.404</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>Q FOOD LLC ET AL</u> <u>402 EAST STATE STREET</u> <u>TRENTON, NJ 8608</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ___ ___ ___ ___	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>
<b>3.405</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>RADDING JONATHAN BERNHARD</u> <u>8 CHURCH CIR</u> <u>ANNAPOLIS, MD 21401</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ___ ___ ___ ___	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>PENDING LITIGATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>UNDETERMINED</u>

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.406</b>	<p>SARKUS KEN</p> <p>146 WHITE ST</p> <p>DANBURY, CT 06810</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.407</b>	<p>SEAN L KRAEMER</p> <p>111 CENTRE ST</p> <p>NEW YORK, NY 10013</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.408</b>	<p>SMITH RONDA</p> <p>50 W MARKET ST</p> <p>NEWARK, NJ 07102</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.409	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>THELMA BENJAMIN</p> <p>314 AMULET ST</p> <p>NATCHITOCHES, LA 71457</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.410	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>THOMPSON RONALD</p> <p>10 PUBLIC SQ</p> <p>BELLEVILLE, IL 62220</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.411	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>VASCONCELLOS JOHN AND JOAN</p> <p>1045 PRATT BLVD</p> <p>LABELLE, FL 33935</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED



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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.412</b>	<p>WILLIAMS ELAINE THOMAS</p> <hr/> <p>112 BROAD ST</p> <hr/> <p>NEW LONDON, CT 6320</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.413</b>	<p>WILLIAMS KIER AND ANNE L</p> <hr/> <p>251 S LAWRENCE ST</p> <hr/> <p>MONTGOMERY, AL 36104</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.414</b>	<p>ZINTER SCOTT A</p> <hr/> <p>35 W HIGH ST 2</p> <hr/> <p>BALLSTON SPA, NY 12020</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _ _ _ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>

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3.415	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>HANNAH FLAMENBAUM</p> <p>28 LIBERTY STREET 20TH FLOOR</p> <p>NEW YORK, NY 10005</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.416	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>US DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND</p> <p>FEDERAL BUILDING AND COURTHOUSE</p> <p>PROVIDENCE, RI 02903</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ENVIRONMENTAL CLAIMS</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

3.417	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>STATE OF NEW YORK OFFICE OF THE ATTORNEY GENERAL</p> <p>163 W 125TH ST 1324</p> <p>NEW YORK, NY 10027</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		\$ UNDETERMINED

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	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.418</b>	<p>3 CUSTOMERS</p> <p>700 CAPITAL AVE 209</p> <p>FRANKFORT, KY 40601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.419</b>	<p>JAMES AND WANDA VANEST</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>
<b>3.420</b>	<p>JULIE EOLEY</p> <p>700 CAPITAL AVE 209</p> <p>FRANKFORT, KY 40601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _  </p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PENDING LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ UNDETERMINED</p>

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3.421	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>ANDERSON BRENT</p> <p>800 SMITHE ST</p> <p>VANCOUVER, BC V6Z2E1</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.422	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>MILLER TRENT AND DAVID VARNEY</p> <p>60 CENTRE ST</p> <p>NEW YORK, NY 10007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.423	Nonpriority creditor's name and mailing address	Amount of Claim
	<p>COMMUNITY UNIT SCHOOL DISTRICT 300 AN ILLINOIS SCHOOL DISTRICT</p> <p>50 W WASHINGTON ST 80</p> <p>CHICAGO, IL 60602</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: \$ <u>UNDETERMINED</u> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>PENDING LITIGATION</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor SEARS HOLDINGS CORPORATION  
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**Part 2**

**Additional Page**

Copy this page only if more spaces is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

	Nonpriority creditor's name and mailing address	Amount of Claim
<b>3.424</b>	<p>CUMELLA ANNETTE</p> <hr/> <p>927 CASTLETON AVE</p> <hr/> <p>STATEN ISLAND, NY 10310</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.425</b>	<p>HAYES KATHERINE</p> <hr/> <p>7575 METROPOLITAN DR 210</p> <hr/> <p>SAN DIEGO, CA 92108</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>
<b>3.426</b>	<p>OSTROFF NANCY J</p> <hr/> <p>321 PARK AVE</p> <hr/> <p>OKLAHOMA CITY, OK 73102</p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number    _  _  _  _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>PENDING LITIGATION</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p style="text-align: right;">\$ <u>UNDETERMINED</u></p>

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		Amount of Claim
<b>3.427</b>	<b>Nonpriority creditor's name and mailing address</b>  PAUL WOZNAK 2233 SHORE LINE DR ALAMEDA, CA 94501  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.428</b>	<b>Nonpriority creditor's name and mailing address</b>  WESTERN DISTRICT OF PENNSYLVANIA 700 GRANT ST 3110 PITTSBURGH, PA 15219  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED
<b>3.429</b>	<b>Nonpriority creditor's name and mailing address</b>  MOSS MAXINE 225 CADMAN PLAZA E BROOKLYN, NY 11201  Date or dates debt was incurred _____  Last 4 digits of account number ____ _ 	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  \$ UNDETERMINED

Debtor SEARS HOLDINGS CORPORATION  
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**Part 3**

**List Others to Be Notified About Unsecured Claims**

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the data listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and Mailing Address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<hr/>	Line <hr/>	
<hr/>	<input type="checkbox"/> Not listed. Explain <hr/>	<hr/>
<hr/>	<hr/>	

Debtor SEARS HOLDINGS CORPORATION  
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**Part 4**

**Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 12,753,643,937.00

5c. Total of parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 12,753,643,937.00



Fill in this information to identify the case:

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern District of: New York

Case number (If known): 18-23538

{State}

☐ Check if this is an amended filing

## Official Form 206 G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired license

2.1

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

State the term remaining

20 month(s)

List the contract number of any government contract

3 F'S INC

310 COLORADO AVE

LA JUNTA, CO 81050

2.2

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

State the term remaining

30 month(s)

List the contract number of any government contract

3 KINGS AUTOMOTIVE LLC

1501 E FRY BLVD

SIERRA VISTA, AZ 85635

2.3

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

State the term remaining

19 month(s)

List the contract number of any government contract

4 ACES INC

2092 E MAIN ST

ROBINSON, IL 62454

2.4

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

State the term remaining

38 month(s)

List the contract number of any government contract

405 MACHINE WORKS

408 S KINNICK ROAD

STILLWATER, OK 74074

Debtor

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

439 FIX-IT

9255 FM 439

State the term remaining

33 month(s)

List the contract number of any government contract

BELTON, TX 76513

2.6

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

54 LAWN AND GARDEN

5030 HWY 54

State the term remaining

16 month(s)

List the contract number of any government contract

PARIS, TN 38242

2.7

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

A & P SMALL ENGINE REPAIR

711 ROSSTON ROAD

State the term remaining

27 month(s)

List the contract number of any government contract

HOPE, AR 71801

2.8

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

A&L LAWN EQUIPMENT

2424 ROCK ISLAND ROAD

State the term remaining

37 month(s)

List the contract number of any government contract

IRVING, TX 75060

2.9

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

A-1 FIXIT SHOP

8545 FM 78

State the term remaining

19 month(s)

List the contract number of any government contract

CONVERSE, TX 78109

2.10

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

A-1 GRINDING

8031 PASEO

State the term remaining

17 month(s)

List the contract number of any government contract

KANSAS CITY, MO 64131

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.11	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	A-1 MOWER SALES & SERVICE 755 SOUTHFIELD RD LINCOLN PARK, MI 48146
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AAM'S SMALL ENGINE REPAIR 674 LAUREL ST ELGIN, IL 60120
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AAM'S SMALL ENGINE REPAIR 674C LAUREL ST ELGIN, IL 60120
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AB&C SMALL ENGINE 3430 LEE BLVD EL PASO, TX 79936
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ABLE SAW LLC 625 MILLER VALLEY RD PRESCOTT, AZ 86301
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ABLE SAW LLC 625 MILLER VALLEY RD PRESCOTT, AZ 86301
	State the term remaining	28 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.17	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ABS GRAPHICS INC-1000459750 P O BOX 95019 PALATINE, IL 60095
	State the term remaining		
	List the contract number of any government contract		
2.18	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE SUITE 7000 CHICAGO, IL 60661
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.19	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.20	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.23	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.24	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Listed the multiple entities in contract. Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.25	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.26	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.27	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.28	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.29	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE AMERICAN INSURANCE COMPANY 525 W MONROE ST SUITE 700 CHICAGO, IL 60661
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.30	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ACE FIRE UNDERWRITERS INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.31	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACE HARDWARE OF DUNNELLON 11582 W WILLIAMS ST 401 DUNNELLON, FL 34432
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.32	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACE HARDWARE OF DUNNELLON 1158 N WILLIAMS ST 401 DUNNELLON, FL 34432
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.33	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACE HARDWARE STORES, INC 1120 S KOLB RD TUSCON, AZ 85710
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.34	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACE LAWNMOWER & TRACTOR 28 PEARL ST PORT CHESTER, NY 10573
	State the term remaining	36 month(s)	
	List the contract number of any government contract		

Debtor

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.35	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ACE PROPERTY AND CASUALTY INSURANCE COMPANY 525 W MONROE CHICAGO, IL 60661
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.36	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ACL SERVICES LTD-639039 LOCKBOX 200286 PITTSBURGH, PA 15251
	State the term remaining		
	List the contract number of any government contract		
2.37	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACME SAW & SUPPLY INC 1204 W MAIN ST STOCKTON, CA 95205
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.38	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACTION MOWER 1245 MAIN ST SPRINGFIELD, OR 97477
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.39	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ACTION SMALL ENGINE REPAIR 1904 SOUTH FIRST ST LUFKIN, TX 75901
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.40	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ADIRONDACK EQUIPMENT REPAIR 87 OLD SCHUYLERVILLE ROAD SARATOGA SPRINGS, NY 12866
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.41	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ADRIAN & SON ENGINE & REPAIR 7686 RTE 53 KANONA, NY 14856
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.42	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ADVANCED MOWER 2212 MORGAN RD BESSEMER, AL 35022
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.43	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ADVANCED RETAIL SOLUTIONS 19 LITCHFIELD PLAZA LITCHFIELD, IL 62056
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.44	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	AERCOR WIRELESS INC-517987 3459 WASHINGTON DRIVE STE 205 EAGAN, MN 55122
	State the term remaining		
	List the contract number of any government contract		
2.45	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AGENCY VACUUM SHOP 1802 S HAVANA AURORA, CO 80012
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.46	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	AIG EUROPE LIMITED THE AIG BUILDING 58 FENCHURCH STREET LONDON, ENGLAND EC3M 4AB
	State the term remaining	8 month(s)	
	List the contract number of any government contract		



Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.47	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	AIRWATCH-696562 1155 PERIMETER CNTR W STE100 ATLANTA, GA 30338
	State the term remaining		
	List the contract number of any government contract		
2.48	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALAN'S LAWNMOWER & GARDEN CENTER 12194 FIRESTONE BLVD NORWALK, CA 90650
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.49	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALDRIDGE BROTHERS REPAIR 7598 SOUTH 175 WEST MILROY, IN 46156
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.50	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ALFRESCO SOFTWARE LIMITED-522578 PARK HOUSE PARK STREET MAIDENHEAD, BERKSHIRE SL6 1SD
	State the term remaining		
	List the contract number of any government contract		
2.51	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALL IN ONE RENTAL 1120 S PACIFIC HWY TALENT, OR 97540
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.52	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALL IN ONE RENTALS 2095 E JERICO TURNPIKE EAST NORTHPORT, NY 11731
	State the term remaining	23 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.53	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALL PURPOSE RENTAL & SALES 2406 W 10TH ST GREELEY, CO 80634
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.54	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALLEN'S SEED 693 SO COUNTY TRAIL EXETER, RI 02822
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.55	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ALLIANZ GLOBAL RISKS US INSURANCE COMPANY 225 W WASHINGTON STREET 21ST FLOOR CHICAGO, IL 60606
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.56	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALLIED NATIONAL SERVICES 6066 SHINGLE CREEK PARKWAY SUITE 1105 MINNEAPOLIS, MN 55430
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.57	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ALLIED WORLD ASSURANCE CO. LTD. 27 RICHMOND ROAD PEMBROKE HM 08
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.58	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ALLIED WORLD ASSURANCE CO. LTD. 27 RICHMOND ROAD PEMBROKE HM 08
	State the term remaining	10 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.59	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	ALLIED WORLD ASSURANCE COMPANY 27 RICHMOND ROAD PEMBROKE HM08
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.60	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	ALLIED WORLD ASSURANCE COMPANY 27 RICHMOND ROAD PEMBROKE HM08
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.61	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	ALLIED WORLD ASSURANCE COMPANY 311 S WACKER DR SUITE 1100 CHICAGO, IL 60606
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.62	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALL-PRO LAWNMOWER SALES & SERVICES 555 SANTA FE DRIVE DENVER, CO 80204
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.63	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALPINE POWER EQUIPMENT P O BOX 18 TAHOE CITY, CA 98145
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.64	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AL'S CYCLE CENTER 256 BRIADWAY RTE 110 AMITYVILLE, NY 11701
	State the term remaining	23 month(s)	
	List the contract number of any government contract		

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2.65	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ALS MOBILE SMALL ENGINE REPAIR 2414 BLANCO ROAD SAN ANTONIO, TX 78212
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.66	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AL'S MOWER REPAIR 2414 BLANCO RD SAN ANTONIO, TX 78212
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.67	State what the contract or lease is for and the nature of the debtor's interest	Legal Services Buyer	ALSTON & BIRD LLP 950 F STREET NW WASHINGTON DC, 20004
	State the term remaining		
	List the contract number of any government contract		
2.68	State what the contract or lease is for and the nature of the debtor's interest	Legal Services Buyer	ALSTON & BIRD LLP 950 F STREET NW WASHINGTON DC, 20004
	State the term remaining		
	List the contract number of any government contract		
2.69	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AMARILLO OUTDOOR POWER EQUIPMENT 7160 CANYON DR AMARILLO, TX 79109
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.70	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AMH REPAIR LLC 2217 S YOST AVE BLOOMINGTON, IN 47403
	State the term remaining	35 month(s)	
	List the contract number of any government contract		

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2.71	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AMPAC MACHINERY LLC 319 US-70 PO BOX 21077 DURHAM, NC 27703
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.72	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	AMPAC SECURITY PRODUCTS-519249 PO BOX 905349 CHARLOTTE, NC 28290
	State the term remaining		
	List the contract number of any government contract		
2.73	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	AMREP INC-1051010429 P O BOX 945896 ATLANTA, GA 30394
	State the term remaining		
	List the contract number of any government contract		
2.74	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ANDYS LAWN MOWER REPAIR 3000 8TH STREET WOODWARD, OK 73801
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.75	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ANDY'S SMALL ENGINE REPAIRS 119 MULLINS DR DUFFIELD, VA 24244
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.76	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ANGEL'S POWER EQUIPMENT LLC 11 CITATION DR WAPPINGERS FALLS, NY 12590
	State the term remaining	36 month(s)	
	List the contract number of any government contract		

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2.77	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ANIXTER INC-47583851 P O BOX 847428 DALLAS, TX 75284
	State the term remaining		
	List the contract number of any government contract		
2.78	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ANTIOCH SMALL ENGINE REPAIR INC 40930 N ILLINOIS RT 173 ANTIOCH, IL 60002
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.79	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AON CONSULTING INC. 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.80	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AON CONSULTING-1000709386 4 OVERLOOK PINT LINCOLNSHIRE, IL 60069
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.81	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AON CONSULTING-1000709386 4 OVERLOOK PINT LINCOLNSHIRE, IL 60069
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.82	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AON CORPORATION 200 E RANDOLPH 13TH FLOOR CHICAGO, IL 60601
	State the term remaining	12 month(s)	
	List the contract number of any government contract		

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2.83	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AON CORPORATION 200 E RANDOLPH 13TH FLOOR CHICAGO, IL 60601
	State the term remaining	12 month(s)	
	List the contract number of any government contract		
2.84	State what the contract or lease is for and the nature of the debtor's interest	COI Buyer	AON RISK SERVICES CENTRAL INC 200 EAST RANDOLPH CHICAGO, IL 60601
	State the term remaining	2 month(s)	
	List the contract number of any government contract		
2.85	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ARAIZA'S SMALL ENGINE SERVICE 1778 AUSTIN HWY SAN ANTONIO, TX 98218
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.86	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ARGO RE LTD. ARGO HOUSE 110 PITTS BAY ROAD PEMBROKE, BERMUDA HM 08
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.87	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ARIBA TEST SUPPLIER 501 E DEPOT ST FREMONT, ID 46737
	State the term remaining	47 month(s)	
	List the contract number of any government contract		
2.88	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ARMSTRONG FLOORING INC-795844 P O BOX 3025 LANCASTER, PA 17603
	State the term remaining		
	List the contract number of any government contract		

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2.89	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ARROW LAWNMOWER & POWER EQUIPMENT 948 E ARROW HWY COVINA, CA 91724
	State the term remaining	22 month(s)	
	List the contract number of any government contract		
2.90	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ASLESONS TRUE VALUE HARDWARE 1415 US HIGHWAY 51 STOUGHTON, WI 53589
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.91	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	ASPEN SPECIALTY INSURANCE COMPANY 305 MADISON AVENUE MORRISTOWN, NJ 07960
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.92	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ATVS AND MORE 1307 W MAIN ST SALEM, IL 62881
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.93	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AUSTIN'S PARTS & HARDWARE 105 W CUMBERLAND SAINT , IL 62458
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.94	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AUSTIN'S PARTS & HARDWARE 105 W CUMBERLAND TD ST ELMO, IL 62458
	State the term remaining	30 month(s)	
	List the contract number of any government contract		



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2.95	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AUTO ELECTRIC INC 600 EAST 19TH STREET CHEYENNE, WY 82007
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.96	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AUTO SERVICE PLUS LLC 16 WEST 1ST STREET CHENEY, WA 99004
	State the term remaining	14 month(s)	
	List the contract number of any government contract		
2.97	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	AVOYELLES OUTDOORS INC 822 TUNICA DRIVE WEST MARKSVILLE, LA 71351
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.98	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	AXA INSURANCE COMPANY 125 BROAD STREET 5TH FLOOR NEW YORK, NY 10004
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.99	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	AXIS INSURANCE COMPANY 111 S WACKER DRIVE SUITE 3500 CHICAGO, IL 60606
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.100	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	AXIS INSURANCE COMPANY 111 S WACKER DRIVE SUITE 3500 CHICAGO, IL 60606
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.101	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	A-Z LAWN MOWER PARTS LLC 1779 W MAIN STREET LEXINGTON, SC 29072
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.102	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	B & B OUTDOOR POWER 5871 HWY 70 EAST NEWPORT, NC 28570
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.103	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	B & G POWER EQUIPMENT 1034 EAST ST WALPOLE, MA 02801
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.104	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	B & M SERVICE CENTRE 8000 47TH STREET LYONS, IL 60534
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.105	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	B & W APPLIANCE & LAWNMOWER REPAIR 727 S 11TH ST POPLAR BLUFF, MO 63901
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.106	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	B E RICHARDS LLC 360 E BROAD ST PATASKALA, OH 43062
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.107	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	BALLYMORE CO INC-421362 3135 LOWER VALLEY ROAD PARKERSBURG, PA 19365
	State the term remaining		
	List the contract number of any government contract		
2.108	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BAMSS MOW & SNOW SHOP LLC 4938 MOGADARE ROAD KENT, OH 44240
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.109	State what the contract or lease is for and the nature of the debtor's interest	B2B LICENSE AGREEMENT LICENSOR	BANK OF HAWAII POST OFFICE BOX 2900 HONOLULU, HI 96846-6000
	State the term remaining	2 month(s)	
	List the contract number of any government contract		
2.110	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BARTLETT SMALL ENGINES 6080 SUMMER AVE MEMPHIS, TN 38134
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.111	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BARTZ MOWER SERVICE 1118 DIVISION ST WAIDE PARK, MN 56387
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.112	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BAYTOWN C & M EQUIPMENT COMPANY, INC 508 CEDAR BAYOU ROAD BAYTOWN, TX 77520
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

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2.113

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BCHRISTLIKE LLC

1665 E DIXON BLVD

State the term remaining

32 month(s)

STE 7

List the contract number of any government contract

SHELBY, NC 28152

2.114

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BEACH MOWER INC

604 GARDENIA ST

State the term remaining

34 month(s)

List the contract number of any government contract

PANAMA CITY BEACH, FL 32407

2.115

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BEACH MOWER INC

604 GARDENIA ST

State the term remaining

34 month(s)

List the contract number of any government contract

PANAMA CITY BEACH, FL 32407

2.116

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BEAVER MOWER & EQUIPMENT REPAIR

5604 DOUGLAS AVE

State the term remaining

5 month(s)

List the contract number of any government contract

DES MOINES, IA 50310

2.117

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BELL'S SMALL ENGINE

1313 N NC 58

State the term remaining

25 month(s)

List the contract number of any government contract

NASHVILLE, NC 27856

2.118

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BELTS AND BLADES

410 E NAPOLEON ST

State the term remaining

38 month(s)

List the contract number of any government contract

SULPHUR, LA 70663

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2.119	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BENEDICT LAWN AND GARDEN CENTER 480 PURDY HILL ROAD MONROE, CT 06468
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.120	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BERGMAN POWER EQUIPMENT LLC 4023 REMEMBRANCE ROAD NW GRAND RAPIDS, MI 49534
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.121	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY 85 BROAD ST 7TH FLOOR NEW YORK, NY 10004
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.122	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BETHEL POWER EQUIPMENT LLC 6 FRANCIS J CLARKE CIRCLE BETHEL, CT 06801
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.123	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BIC 12X LLC 1815 LINCOLN WAY CLENTON, IA 52732
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.124	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BIG AL'S AUTO & SMALL ENGINE REPAIR 79 2ND AVE WEST LOGAN, WV 25601
	State the term remaining	29 month(s)	
	List the contract number of any government contract		

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2.125

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BIG BEND LAWN ENFORCEMENT

2764 W TENNESSEE STREET

State the term remaining

29 month(s)

List the contract number of any government contract

TALLAHASSEE, FL 32304

2.126

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BIG BLUE OUTDOOR

2505 HWY II BYPASS

State the term remaining

17 month(s)

List the contract number of any government contract

FLEMINGSBURG, KY 41041

2.127

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BIG MIKES TOOL & EQUIPMENT REPAIR LLC

184 N MAIN ST

State the term remaining

32 month(s)

List the contract number of any government contract

BRANFORD, CT 06405

2.128

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BIG VALLEY MOWER

3940 CHESTER AVENUE

State the term remaining

19 month(s)

List the contract number of any government contract

BAKERSFIELD, CA 93301

2.129

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BISETT BUILDING CENTER TRUE VALUE

142 DAVIS ST

State the term remaining

40 month(s)

List the contract number of any government contract

PO BOX 196

BRADFORD, PA 16701

2.130

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

BKG INC

529 E MAIN ST

State the term remaining

31 month(s)

List the contract number of any government contract

PO BOX 835

CONWAY, NH 03860

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2.131	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	BLACK BOX NETWORK SERVICES-442611 P O BOX 440311 NASHVILLE, TN 37244
	State the term remaining		
	List the contract number of any government contract		
2.132	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BLADE RUNNER TURF EQUIPMENT, LLC 7235 S 900 E MIDVALE, UT 04047
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.133	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BLAIR'S RENTAL SERVICE INC 1782 HOOPER AVE TOMS RIVER, NJ 08753
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.134	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BLR FARMS LLC 104 S SUNSET BUTTER, MO 64730
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.135	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BLUE CROSS BLUE SHIELD 300 E RANDOLPH 35TH FLOOR CHICAGO, IL 60601
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.136	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BNM REPAIR INC 2748 GRAND AVE UNIT C WAUKEGAN, IL 60085
	State the term remaining	39 month(s)	
	List the contract number of any government contract		

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2.137	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BOBS LAWNMOWER SALES & SERVICE INC 15270 W DIXIE HWY NORTH MIAMI BEACH, FL 33162
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.138	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BOB'S REPAIR 1204 HANSEN AVE BOGALUSA, LA 70427
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.139	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BOBS SMALL ENGINE 10289 DYER ST EL PASO, TX 79924
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.140	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BOISE SMALL ENGINE LLC 10950 SUMIT RIDGE CT REDMOND, OR 97756
	State the term remaining	11 month(s)	
	List the contract number of any government contract		
2.141	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	BOX INC-4168010 DEPT 34666 P O BOX 39000 SAN FRANCISCO, CA 94139
	State the term remaining		
	List the contract number of any government contract		
2.142	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BPL LLC 1729 N VAN BUREN ENID, OK 73703
	State the term remaining	30 month(s)	
	List the contract number of any government contract		



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2.143	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BRAGG CORP 1155 N MAIN ST 10 MARION, NC 28752
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.144	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BRAZOS TRACTOR & EQUIPMENT LLC 1304 N BROOKS ST BRAZORIA, TX 77422
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.145	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BRIDGE CITY POWER EQUIPMENT 1509 BRIDGE CITY AVE BRIDGE CITY, WA 20094
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.146	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	BUNKER HILL INTERNATIONAL INSURANCE BERMUDA 25 CHURCH STREET HAMILTON, BERMUDA HM LX
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.147	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BUREAU VERITAS NORTH AMERICA 11860 WEST STATE ROAD 84 SUITE 1 FORT LAUDERDALE, FL 33325
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.148	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BURKS HOLDINGS INC 60 SEARS WAY BLAIRSVILLE, GA 30512
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

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2.149	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BURTS SAW & MOWER INC 3073 N OAK HARBOR RD STE A OAK HARBOR, WA 98277
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.150	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BUSENBARK LAWN EQUIPMENT 1630 SOUTH GREEN ST STE B BROWNSBURG, IN 46112
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.151	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BUSHELERS SAW & MOWER 4395 MAIN ST SPRINGFIELD, OR 97478
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.152	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BUTCH'S REPAIR W24516 STATE ROAD 5493 GALESVILLE, WI 54630
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.153	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	BUTLER EQUIPMENT LLC 631 NEW PARK AVE WEST HARTFORD, CT 06110
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.154	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C & E LAWN EQUIPMENT LLC 2606 SW LEE BLVD LAWTON, OK 73505
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.155	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C & J EQUIPMENT INC 188 MAIN ST WILMINGTON, MA 01887
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.156	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C & K SMALL ENGINE REPAIR 5920 S PENNSYLVANIA AVE LANSING, MI 48911
	State the term remaining	50 month(s)	
	List the contract number of any government contract		
2.157	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C & N TRACTORS 496 SALINAS ROAD WATSONVILLE, CA 95076
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.158	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C D JONES RETAIL SALES LLC 236 SOUTH ROANE STEER HARRIMAN, TN 37748
	State the term remaining	12 month(s)	
	List the contract number of any government contract		
2.159	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	C N A PROPERTY SERVICES LLC-559393 15 GILLAND COURT NOTTINGHAM, MD 21236
	State the term remaining		
	List the contract number of any government contract		
2.160	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C N N LAWN MOWER REPAIR 5432 HOWARD ST SKOKIE, IL 60077
	State the term remaining	34 month(s)	
	List the contract number of any government contract		

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2.161	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	C&G REPAIR 809 OLIVE AVE DALLAHRT, TX 79022
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.162	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CABITTOS SMALL ENGINE 407 BERRY ST B MT SHASTA, CA 96067
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.163	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CAL FARM SERVICE PO BOX 252 WINTON, CA 95388
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.164	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CAM CONNECTIONS INC-147594175 3970 S PIPKIN ROAD LAKELAND, FL 33811
	State the term remaining		
	List the contract number of any government contract		
2.165	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CARDINALCOMMERCE CORPORATION 8100 TYLER BLVD SUITE 100 MENTOR, OH 44060
	State the term remaining		
	List the contract number of any government contract		
2.166	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CARPENTER'S SMALL ENGINE REPAIR 2621 7TH AVE E NORTH STPAUL, MN 55109
	State the term remaining	18 month(s)	
	List the contract number of any government contract		

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2.167	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CARTER EQUIPMENT REPAIR 10588 KEITH RD BLAUMART, TX 77713
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.168	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CARTTRONICS LLC-808712 8 STUDEBAKER IRVINE, CA 92618
	State the term remaining		
	List the contract number of any government contract		
2.169	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CASONS EQUIPMENT 133 CONGRESS ST LOWELL, MA 01552
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.170	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CASONS EQUIPMENT 133 CONGRESS ST LOWELL, MA 01852
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.171	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CASSADY & CASSADY INC 2702 A N MAIN AITUS, OH 73421
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.172	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CASSADY & CASSADY INC 2702 A N MAIN AITUS, OH 73421
	State the term remaining	29 month(s)	
	List the contract number of any government contract		

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2.173	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CASSADY & CASSADY INC 320 N COMMERCE ARDMORE, OK 73401
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.174	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CATHAY PACIFIC AIRWAYS LIMITED 8700 WEST BRYN MAWR AVENUE STE 420N CHICAGO, IL 60631
	State the term remaining	12 month(s)	
	List the contract number of any government contract		
2.175	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CBS INTERACTIVE INC- 235 2ND ST SAN FRANCISCO, CA 94105
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.176	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CDW DIRECT LLC-330878 P O BOX 75723 CHICAGO, IL 60675
	State the term remaining		
	List the contract number of any government contract		
2.177	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CDW MERCHANTS INC-539361 6955 N HAMLIN AVE LINCOLNWOOD, IL 60712
	State the term remaining		
	List the contract number of any government contract		
2.178	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CEMKO P O BOX 941 FREMONT, IN 46737
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

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2.179	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CENCAL MECHANICAL 1254 LONE PALM AVE MODESTO, CA 95356
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.180	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CENTRICITY P O BOX 33017 STPETERSBURG, FL 33733
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.181	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CENTRICITY 11101 ROOSEVELT BOULEVARD N NONE ST PETERSBURG, FL 33716
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.182	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CERTIFIED SMALL ENGINE 7910 TEREL RD SAN ANTONIO, TX 78250
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.183	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CHAMBERS LAWN & POWER PRODUCT INC 25W017 LAKE ST ROSELLE, IL 60172
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.184	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CHAPPYS REPAIR 1004 10 TH ST SW CEDAR RAPIDS, IA 52404
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.185	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CHASE TOYS INC 417 THORNDIKE ROAD UNITY, ME 04988
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.186	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CHICAGO DISPLAY MARKETING CORP-161737 P O BOX 792 CHANNAHON, IL 60410
	State the term remaining		
	List the contract number of any government contract		
2.187	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CHICAGO TAG & LABEL INC-711752 2501 COMMERCE DR LIBERTYVILLE, IL 60048
	State the term remaining		
	List the contract number of any government contract		
2.188	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CHIEF'S MOWERS INC 7702 POST RD NORTH KINGSTOWN, RI 02852
	State the term remaining	21 month(s)	
	List the contract number of any government contract		
2.189	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	CHUBB BERMUDA INSURANCE LTD. 18 WOODBOURNE AVENUE HAMILTON, BERMUDA HM 08
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.190	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	CHUBB BERMUDA INSURANCE LTD. 17 WOODBOURNE AVENUE HAMILTON, BERMUDA HM 08
	State the term remaining	10 month(s)	
	List the contract number of any government contract		



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2.191	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	CISION US INC. 12051 INDIAN CREEK COURT BELTSVILLE, MD 20705
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.192	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CITIBANK GLOBAL MARKETS INC 787 SEVENTH AVENUE NEW YORK, NY 10019
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.193	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CITIBANK USA, N.A 50 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007
	State the term remaining	85 month(s)	
	List the contract number of any government contract		
2.194	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CJ SMALL ENGINE 2319 HWY 16 SPACEY, AZ 72413
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.195	State what the contract or lease is for and the nature of the debtor's interest	Supply Agreement Buyer	CLEVA NORTH AMERICA, INC. 601 REGENT PARK CT GREENVILLE, SC 29607
	State the term remaining	12 month(s)	
	List the contract number of any government contract		
2.196	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CLOUTIER'S POWER & SPORTS 1144 ALFRED ROAD ARUNDEL, ME 04046
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.197	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement INDIVIDUAL STORE SERVICES AGREEMENT Buyer	CMC POWERWASHING 1310A BROADWAY ST MT VERNON, IL 62864
	State the term remaining	4 month(s)	
	List the contract number of any government contract		
2.198	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	COAST TO COAST COMPUTER PRODUCTS-703215 4277 VALLEY FAIR STREET SIMI VALLEY, CA 93063
	State the term remaining		
	List the contract number of any government contract		
2.199	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	COLEMAN LAWN EQUIPMENT INC 5511 STATE RT 150 STEELEVILLE, IL 62288
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.200	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	COLLINS TRACTOR AND EQUIPMENT INC 650 E LOOP 304 CROCKETT, TX 75835
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.201	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	COLONY INC-1103181087 P O BOX 95169 PALATINE, IL 60095
	State the term remaining		
	List the contract number of any government contract		
2.202	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	COMPUTERSHARE INC 250 ROYALL STREET CANTON, MA 02021
	State the term remaining	15 month(s)	
	List the contract number of any government contract		

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2.203

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

CONCORD TRAIL LLC

3275 E MAIN RD

State the term remaining

26 month(s)

List the contract number of any government contract

DUNKIRK, NY 14048

2.204

State what the contract or lease is for and the nature of the debtor's interest

SOFTWARE AS A SERVICE AGREEMENT

Buyer

CONFIRMIT, INC.

330 SEVENTH AVE

State the term remaining

18 month(s)

List the contract number of any government contract

3RD FLOOR

NY, NY 10001

2.205

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

CONNOR SPORT COURT INTERNATIONAL-89937247

5445 W HAROLD GATTY DRIVE

State the term remaining

List the contract number of any government contract

SALT LAKE CITY, UT 84116

2.206

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement. Applies to the Debtor's Affiliates

Buyer

CONTINENTAL CASUALTY COMPANY

151 NORTH FRANKLIN STREET FLOOR 17

State the term remaining

7 month(s)

List the contract number of any government contract

CHICAGO, IL 60606

2.207

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

CONTRERAS SMALL ENGINE

320 W 4TH ST

State the term remaining

17 month(s)

List the contract number of any government contract

HANFORD, CA 93230

2.208

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

COOPER ELECTRIC SUPPLY CO-2569168

P O BOX 415925

State the term remaining

List the contract number of any government contract

BOSTON, MA 02241

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2.209	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	COUNTY LINE HARDWARE 707 BENNETS MILL RD JACKSON, NJ 08527
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.210	State what the contract or lease is for and the nature of the debtor's interest	Subcontract SUBCONTRACT AGRMT CONTRACTOR	COUNTY OF FAIRFAX VA 12000 GOVERNMENT CENTER PKWY STE 427 FAIRFAX, VA 22035-0013
	State the term remaining	1 month(s)	
	List the contract number of any government contract		
2.211	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CRAIGS POWER EQUIPMENT LLC 301 WAHSATCH AVE COLORADO SPRINGS, CO 80903
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.212	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CRESCENT ACE HARDWARE 135 LAPP ROAD CLIFTON PARK, NY 12065
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.213	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Agreement Buyer	CRITEO SA 32 RUE BLANCHE PARIS, 75009
	State the term remaining		
	List the contract number of any government contract		
2.214	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	CROSSMARK GRAPHICS-187261847 16100 WEST OVERLAND DRIVE NEW BERLIN, WI 53151
	State the term remaining		
	List the contract number of any government contract		

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2.215	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	CRUM & FORSTER 305 MADISON AVENUE MORRISTOWN, NJ 07960
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.216	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CUTLER'S INC 271 NORTH STATE OREM, UT 84057
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.217	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	CUTTER POWER SALES 3710 PROGRESS ST NE CANTON, OH 44705
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.218	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	D & D MOWER SHOP 2201 HWY 17 RICHMOND HILL, GA 21324
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.219	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	D & D SMALL ENGINE REPAIR 46500 278TH ST LENNOX, SD 57039
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.220	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	D&R INDUSTRIAL SAW 148 ROME ST NEWARK, NJ 07105
	State the term remaining	37 month(s)	
	List the contract number of any government contract		

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2.221	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	D&S SMALL ENGINE & EQUIPMENT REPAIR LLC 992 OLEAN RD EAST AURORA, NY
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.222	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DAMON WHITT SR / WHITT & SONS, LLC 1640 2ND ST HENDERSON, KY 42420
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.223	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	DANE TECHNOLOGIES INC-26070 7105 NORTHLAND TERRACE BROOKLYN PARK, MN 55428
	State the term remaining		
	List the contract number of any government contract		
2.224	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DANNYS SMALL ENGINE REPAIR 17046 HWY 22 DARDANELLE, AR 72834
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.225	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DANNYS SMALL ENGINE REPAIR 17046 HWY 22 DARDANELLE, AR 72834
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.226	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DANSVILLE TOWN & COUNTRY AGWAY 5 MAPLE ST DANSVILLE, NY 14437
	State the term remaining	39 month(s)	
	List the contract number of any government contract		

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2.227

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

DATASPAN HOLDINGS INC-47867668

PO BOX 845507

State the term remaining

List the contract number of any government contract

DALLAS, TX 75284

2.228

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

DAVES SMALL ENGINE REPAIR LLC

10215 E STATE ROAD 8

State the term remaining

39 month(s)

List the contract number of any government contract

KNOX, IN 46534

2.229

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

DAVIDS SMALL ENGINE REPAIR

213 S MAIN ST

State the term remaining

39 month(s)

List the contract number of any government contract

TONKAWA, OK 74653

2.230

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

DAVIS SERVICES

10858 LEM TURNER RD

State the term remaining

31 month(s)

List the contract number of any government contract

JACKSONVILLE, FL 32218

2.231

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

DEARY SAW LAWN & HARDWARE

P O BOX 66

State the term remaining

13 month(s)

List the contract number of any government contract

DEARY, ID 83823

2.232

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

DECORATING WORLD LLC

7225- 123RD AVE NE

State the term remaining

18 month(s)

List the contract number of any government contract

LAKE STEVENS, WA 98258

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2.233

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

DELL RECEIVABLES L P-922898

P O BOX 643561

State the term remaining

List the contract number of  
any government contract

PITTSBURGH, PA 15264

2.234

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

DH LAWN & GARDEN EQUIPMENT

1408 N KANSAS AVENUE

State the term remaining

32 month(s)

List the contract number of  
any government contract

TOPEKA, KS 66608

2.235

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

DIAMOND OUTDOOR PRODUCTS INC

535 BUNCE ROAD

State the term remaining

30 month(s)

List the contract number of  
any government contract

FAYETTEVILLE, NC 28314

2.236

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

DINERO COMPRESSORS & EQUIPMENT

623 N FRON ST

State the term remaining

19 month(s)

List the contract number of  
any government contract

MATHIS, TX 78368

2.237

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

DISCOUNT TOOLS PLUS LLC

84 E UNIVERISITY DRIVE

State the term remaining

21 month(s)

List the contract number of  
any government contract

MESA, AZ 85201

2.238

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

DISPLAY SPECIALISTS-373639

4101 N ROCKWELL ST

State the term remaining

List the contract number of  
any government contract

CHICAGO, IL 60618



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.239	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DIY HARDWARE AND RENTALS 2110 WABASH AVE TERRE HANTE, IN 97807
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.240	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DJB FARM MACHINARY REPAIR INC 665 GOODRICH HILL ROAD LOCKE, NY 13092
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.241	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DKC SERVICE LLC PO BOX 1960 HARRISON, AR 72601
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.242	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DLD RETAILS SERVICES LLC 69 N 28TH BAY 400 SUPERIOR, WI 54880
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.243	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DONALYN INC 1690 EAST 23RD AVENUE NORTH FREMONT, 68025
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.244	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DONALYN INC 1690 E 23RD FREMONT, NE 68025
	State the term remaining	29 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.245	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DONE RIGHT LAWNMOWER REPAIR 5520 BOSTON HARBOR RD NE OLYMPIA, WA 98506
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.246	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DOUBLE B RETAILERS INC 367 WASHINGTON STREET SIUTE 8 CLAREMONT, NH 03743
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.247	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DOWNEY SAWHOUSE LLC U009 FM 2494 ATHENS, TX 75751
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.248	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DR LOU'S / L.F.G SMALL ENGINE REPAIR 2345 STATE RTE 7 COBLESKILL, NY 12043
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.249	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DRIVELINE RETAIL MERCHANDISING INC-403790 PLYMOUTH WOODS OFFICE CENTER 3300 FERNBROOK LANE NORTH SUITE 200 PLYMOUTH, MN 25447
	State the term remaining	1 month(s)	
	List the contract number of any government contract		
2.250	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	DUFFYS SMALL ENGINE REPAIR PO BOX 487 GRAND JUNCTION, CO 815020487
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.251

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

E & M CHAINSAW SALES & SERVICES INC

5 EAST 4TH AVE

State the term remaining

39 month(s)

List the contract number of  
any government contract

EVERETT, PA 15537

2.252

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

E O F ENTERPRISES INC

1717 S BROADWAY

State the term remaining

5 month(s)

List the contract number of  
any government contract

GROVE, DK 74344

2.253

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

E.T.'S LAWN MOWER

2815 MERAMEC

State the term remaining

19 month(s)

List the contract number of  
any government contract

STLOUIS, MO 63118

2.254

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EAGLE NURSERIES INC

225 JERICHO TPKE

State the term remaining

23 month(s)

List the contract number of  
any government contract

NEW HYDE PARK, NY 11040

2.255

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EAST COAST LUMBER & BUILDING SUPPLY COMPANY

4 COLONIAL DRIVE

State the term remaining

33 month(s)

List the contract number of  
any government contract

EAST HAMPSTEAD, NH 03821

2.256

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EAST END CYCLE SALES INC

2402 3RD AVE

State the term remaining

30 month(s)

List the contract number of  
any government contract

HUNTINGTON, WV 25504

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.257

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EASTSIDE SMALL ENGINE REPAIR

4019 CLIFTON GLENDALE ROAD

State the term remaining

5 month(s)

List the contract number of  
any government contract

SPARTANBURG, SC 29307

2.258

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

ECONOMY RENTAL

8610 HWY 178

State the term remaining

15 month(s)

List the contract number of  
any government contract

OLIVE BRANCH, MS 38654

2.259

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EGY'S MOWER SERVICE

545 HALL RD

State the term remaining

35 month(s)

List the contract number of  
any government contract

ELYRIA, OH 44035

2.260

State what the contract or  
lease is for and the nature  
of the debtor's interest

ELCO LABORATORIES DIV CHGO AEROSOL

2450 HORNER AVE

State the term remaining

List the contract number of  
any government contract

UNIVERSITY PARK, IL 60484

2.261

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

ELDRED EQUIPMENT SERVICE & SUPPLY

550 STATE ROAD 55

State the term remaining

38 month(s)

List the contract number of  
any government contract

ELDRED, NY 12732

2.262

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

EMBARCADERO TECHNOLOGIES INC-713498

P O BOX 45162

State the term remaining

List the contract number of  
any government contract

SAN FRANCISCO, CA 94145

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.263	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EMERGENCY MOWER TECHNICIANS LLC 9347 RAVENNA RD TWINSBURG, OH 44087
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.264	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EMMETT SAWS, MOWERS & RENTALS 306 N WASHINGTON AVE EMMETT, ID 83617
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.265	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EMMETT SAWS, MOWERS & RENTALS 306 N WASHINGTON AVE EMMETT, ID 83617
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.266	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EMPIRE SAW & LAWN MOWER 32 SANTA FE PO BOX 113 EMPIRE, CA 95319
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.267	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EMPIRE TOOLS 6327 W 34TH ST HOUSTON, TX 77092
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.268	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	ENDURANCE WORLDWIDE INSURANCE LTD. 1ST FLOOR 2 MINSTER COURT MINCING LANE LONDON, ENGLAND EC3R 7BB
	State the term remaining	8 month(s)	
	List the contract number of any government contract		

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.269

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

ENGINE HOUSE INC

145 A ALLEN BLVD

State the term remaining

38 month(s)

List the contract number of  
any government contract

FARMINGDALE, NY 11735

2.270

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

ENTERPRISE WAREHOUSING SOLUTIONS-713955

P O BOX 70

State the term remaining

List the contract number of  
any government contract

HINSDALE, IL 60522

2.271

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

EPOSSIBILITIES USA LIMITED-218505974

THE BLADE ABBEY SQUARE

State the term remaining

List the contract number of  
any government contract

READING, BERKSHIRE RG1 3BE

2.272

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

ERIC D GAUVIN SMALL ENGINE REPAIR

45 OLD GILBERTVILLE ROAD

State the term remaining

5 month(s)

List the contract number of  
any government contract

WARE, MA 01082

2.273

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EVANS MOTORSPORTS & REPAIR LLC

300 E WILLIAMS AVE

State the term remaining

28 month(s)

List the contract number of  
any government contract

FALLON, NV 89406

2.274

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

EVANS MOTORSPORTS & REPAIR LLC

300 E WILLIAMS AVE

State the term remaining

28 month(s)

List the contract number of  
any government contract

FALLON, NV

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.275	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	EVEREST NATIONAL INSURANCE COMPANY 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.276	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	EXTON MOWER SERVICE 5244 GREENSBURG ROAD APOLLO, PA 15613
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.277	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FALCONER REPAIR SERVICES 3731 FALCONER-KIMBALL STAND ROAD FALCONER, NY 14733
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.278	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FALL CREEK AUTO & TRUCK REPAIR 2128 W HILLCREST PKY ALTOONA, WI 54720
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.279	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FALL CREEK INC 1029 HWY 62 E STE 100 MOUNTAIN HOME, AR 72653
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.280	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FARMERS EXCHANGE PO BOX 6043 KENNEWICK, WA 99336
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.281	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FARMHAND SUPPLY LLC 522 S WALNUT ST BERNIE, MO 63822
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.282	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FAYETTE POWER EQUIPMENT 1442 MEADOW DR WAHSINGTON CH, OH 43160
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.283	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	FEDERAL INSURANCE COMPANY 525 W MONROE ST CHICAGO, IL 60661
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.284	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	FEDERAL INSURANCE COMPANY (CHUBB) ONE AMERICAN SQ SUITE 2600 INDIANAPOLIS, IN 46282
	State the term remaining	4 month(s)	
	List the contract number of any government contract		
2.285	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FELDMANN POWER INC 508 S MAPLE ST BRIGHTON, IL 62012
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.286	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	FFR INC-159921 P O BOX 635696 CINCINNATI, OH 45263
	State the term remaining		
	List the contract number of any government contract		



Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.287

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

FIDELITONE INC-1000457288

P O BOX 248

State the term remaining

List the contract number of any government contract

WAUCONDA, IL 60084

2.288

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

FIREFLY STORE SOLUTIONS-636530

4500 S HOLDEN RD

State the term remaining

List the contract number of any government contract

GREENSBORO, NC 27406

2.289

State what the contract or lease is for and the nature of the debtor's interest

Subscription

Subscriber

FISHER UNITECH

2983 SOLUTIONS CENTER

State the term remaining

8 month(s)

List the contract number of any government contract

CHICAGO, IL 60677-2009

2.290

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

FLEXXPERTS-588673

167 WORCESTER ST STE 203

State the term remaining

List the contract number of any government contract

WELLESLEY, MA 02481

2.291

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

FLINT MOTORSPORTS

3918 EAST ORANGE RD

State the term remaining

35 month(s)

List the contract number of any government contract

WEST TOPSHAM, VT 05086

2.292

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

FMI EQUIPMENT SALES & RENTAL, LLC / FIBER MARKETING INTERNATION.

11111 E TRENT AVE

State the term remaining

19 month(s)

List the contract number of any government contract

SPOKANE VALLEY, WA 99206

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.293	State what the contract or lease is for and the nature of the debtor's interest	Buyer	FORD MOTOR COMPANY 3025 HIGHLAND PARKWAY SUITE 500 DOWNERS GROVE, IL 60515
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.294	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FOUR K REPAIRS 33061 HWY 43 THOMASVILLE, AL 36784
	State the term remaining	23 month(s)	
	List the contract number of any government contract		
2.295	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FOUR SEASON'S SALES & SERVICE 1610 NORTH WALNUT HARTFORD CITY, IN 47348
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.296	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FRANK'S MOWER REPAIR 225 MCCLURG ROAD YOUNGSTOWN, OH 44512
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.297	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FRAZIER SMALL ENGINE SUPPLY 1150 S MAIN ST DYERSBURG, TN 38124
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.298	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	FRED'S SMALL ENGINE REPAIR 109 BUSINESS PARKWAY ATWATER, CA 95301
	State the term remaining	18 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.299	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	FUSION SPECIALTIES INC-496062 2400 INDUSTRIAL LANA STE 500 BROOMFIELD, CO 80020
	State the term remaining		
	List the contract number of any government contract		
2.300	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARDEN EQUIPPED 8693 AIRPORT ROAD STE G REDDING, CA 96002
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.301	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARDEN HUT 3471 UNIVERSITY DR S FARGO, ND 58104
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.302	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARDEN HUT 3471 UNIVERSITY DR S FARGO, ND 58104
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.303	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARNER EQUIPMENT LTD 280 N STATE ST GARNER, IA 56438
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.304	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARRISON CITY EQUIPMENT MAINTENANCE & REPAIR LLC 30 COUNTY FARM CROSS ROAD DOVER, NH 03820
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.305	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARY'S MOWER SHOP 9357 GREENBACK LN 10 ORANGEVALE, CA 95662
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.306	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GARYS POWER EQUIPMENT 9 WARWICK RD WINCHESTER, NH 03470
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.307	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GENERAL CHAIN SAW SUPPLY 2100 JAMES ST BELLINGHAM, WA 98225
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.308	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GEORGETOWN FARM SUPPLY 1800 W UNIVERSITY AVE GEORGETOWN, TX 78628
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.309	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GEORGIA MOWER & EQUIPMENT 2936 HERITAGE PLACE MILLEDEEVILLE, CA 31061
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.310	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GERARD'S SMALL ENGINE SERVICES 275 JUNCTION ST WINONA, MN 85987
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.311

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GERLACH'S GARDEN & POWER EQUIPMENT INC

3161 W 32ND ST

State the term remaining

35 month(s)

List the contract number of any government contract

ERIE, PA 16506

2.312

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GERMANTOWN HARDWARE

2083 S GERMANTOWN RD

State the term remaining

5 month(s)

List the contract number of any government contract

GERMANTOWN, TN 38138

2.313

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GESSERT RETAIL ENTERPRISES LLC

P O BOX 404

State the term remaining

5 month(s)

List the contract number of any government contract

MARYVILLE, MO 64468

2.314

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GFB INC

1211 JULIAN ALLSBROOK HWY

State the term remaining

4 month(s)

List the contract number of any government contract

ROANCKE RAPIDS, NC 27870

2.315

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GIACO'S MOWER SHOP

20690 LORAIN AVE

State the term remaining

36 month(s)

List the contract number of any government contract

FAIRVIEW PARK, OH 44126

2.316

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GILLIS POWER EQUIPMENT INC

1272 MAIN ST

State the term remaining

31 month(s)

List the contract number of any government contract

HANSON, MA 02341

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.317

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GILLIS SMALL ENGINE

845 FLORENCE RD

State the term remaining

16 month(s)

List the contract number of any government contract

SAVANNAH, TN 38372

2.318

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement

Buyer

GLOBAL AEROSPACE, INC.

311 S WACKER DRIVE SUITE 2360

State the term remaining

4 month(s)

List the contract number of any government contract

CHICAGO, IL 60606

2.319

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

GLOBAL KNOWLEDGE-696571

13279 COLLECTIONS CENTER DRIVE

State the term remaining

List the contract number of any government contract

CHICAGO, IL 60693

2.320

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GLOBANT LLC-700189

875 HOWARD ST 3RD FL OF 320

State the term remaining

5 month(s)

List the contract number of any government contract

BUENOS AIRES,

2.321

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GOLD COUNTRY EQUIPMENT CENTER INC

4151 SOUTH SHINGLE RD STE 5

State the term remaining

18 month(s)

List the contract number of any government contract

SHINGLE SPRINGS, CA 95682

2.322

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GOLDEN RAY LLC

1138 HEARN

State the term remaining

5 month(s)

List the contract number of any government contract

BLYTHEVILLE, AR 72315

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.323

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GOLDEN RAY LLC

1138 HEARN

State the term remaining

12 month(s)

List the contract number of any government contract

BLYTHESVILLE, AR 72315

2.324

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GOLDEN RULE SMALL ENGINE

796 ANTELOPE BLVD

State the term remaining

5 month(s)

List the contract number of any government contract

RED BLUFF, CA 96080

2.325

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GOODSELL POWER EQUIPMENT INC

11414 120TH AVE NE

State the term remaining

19 month(s)

List the contract number of any government contract

KIRKLAND, WA 98033

2.326

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

GRATIOT OUTDOOR EQUIPMENT

501 E SAGINAW ST

State the term remaining

35 month(s)

List the contract number of any government contract

BRECKENRIDGE, MI 48615

2.327

State what the contract or lease is for and the nature of the debtor's interest

Trading and Consignment Agreement

Buyer

GREAT AMERICAN DUCK RACES, INC.

State the term remaining

List the contract number of any government contract

2.328

State what the contract or lease is for and the nature of the debtor's interest

Property Policy Agreement. Applies to the Debtor's Affiliates

Buyer

GREAT LAKES INSURANCE SE

BEAUFORT UNDERWRITING AGENCY LIMITED THIRD FLOOR ONE MINSTE

State the term remaining

8 month(s)

List the contract number of any government contract

LONDON, ENGLAND EC3R 7AA

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.329

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREAT PLAINS SMALL ENGINE

619 TERRY RABCH RD

State the term remaining

18 month(s)

List the contract number of  
any government contract

CHEYENNE, WY 82007

2.330

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREEN ACRES MOWER SHOP SALES

6140 TIGER RD

State the term remaining

18 month(s)

List the contract number of  
any government contract

DERBY, KS 67037

2.331

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREEN TECH SERVICES LLC

1088 SE 9TH STREET

State the term remaining

34 month(s)

List the contract number of  
any government contract

BEND, OH 97702

2.332

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREEN TECH SERVICES LLC

1088 SE 9TH ST

State the term remaining

34 month(s)

List the contract number of  
any government contract

STE 100

BEND, OR 97702

2.333

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREG ROSE'S MOWER SHOP & CHIMNEY CLEANING

3415 ACTON SCHOOL RD

State the term remaining

38 month(s)

List the contract number of  
any government contract

GRANDBURY, TX 76049

2.334

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

GREVER MOWER MARINE SALES SERVICE INC

2030 BROADVIEW RD

State the term remaining

36 month(s)

List the contract number of  
any government contract

CLEVELAND, OH 44109



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.335	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GT RACING & REPAIR 1201 W TOWNLINE RD LAKE GENEVA, WI 53147
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.336	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	GUARDIAN SERVICE INDUSTRIES INC 161 AVENUE OF THE AMERICAS NEW YORK, NY 10013
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.337	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	GUIDRY INDUSTRIAL SUPPLY & SERVICE INC 223 INDUSTRIAL PARKWAY LAFAYETTE, LA 70508
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.338	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	H&H GOLF CARTS & OUTDOOR POWER 115 W HARRISON HARLINGEN, TX 78550
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.339	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	HAMILTON RE, LTD. WELLESLEY HOUSE NORTH 1ST FLOOR 90 PITTS BAY ROAD PEMBROKE, BERMUDA HM08
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.340	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HANKS MOWER REPAIR 4961 CLEVELAND ST VIRGINIA BEACH, VA 23462
	State the term remaining	4 month(s)	
	List the contract number of any government contract		

Debtor

SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.341

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HANRAHAN'S SMALL ENGINE LLC

2920 N BROOKFIELD RD

State the term remaining

35 month(s)

List the contract number of  
any government contract

BROOKFIELD, WI 53045

2.342

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HARBOR SPORTS & CYCLE

2188 S M-159

State the term remaining

37 month(s)

List the contract number of  
any government contract

BENTON HARBOR, MI 49022

2.343

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HARDWARE HANK

1017 CENTRAL AVE NW

State the term remaining

33 month(s)

List the contract number of  
any government contract

EAST GRAND FORKS, MN 56721

2.344

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HARDWARE HANK

1017 CENTRAL AVE NW

State the term remaining

33 month(s)

List the contract number of  
any government contract

EAST GRAND FORKS, MN 56721

2.345

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HARDY MOVING AND STORGE

102 ELTON ST

State the term remaining

1 month(s)

List the contract number of  
any government contract

HARBINGER, NC 27941

2.346

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

HARGETTS ATV REPAIR

3000 W GRAND

State the term remaining

39 month(s)

List the contract number of  
any government contract

MARSHALL, TX 75670

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.347	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HARRINGTONS LAWN & POWER 10895 VERMONTVILLE HWY DIMONDALE, MI 48821
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.348	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HARRISON POWER EQUIPMENT 2054 N TWIN OAKSVALLEY RD SAN MARCOS, CA 92069
	State the term remaining	22 month(s)	
	List the contract number of any government contract		
2.349	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HAVOC AUDIO LLC 1013 OLD HIGHWAY 52 3202 MONCKS CORNER, SC 29461
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.350	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	HDI GLOBAL INSURANCE COMPANY 161 N CLARK ST 48TH FLOOR CHICAGO, IL 60661
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.351	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HDR SMALL ENGINE REPAIR 951 AVENUE B TRAVERSE CITY, MI 49686
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.352	State what the contract or lease is for and the nature of the debtor's interest	Buyer	HEALTH CARE POLICY ROUNDTABLE LLC 1015 15TH STREET NW SUITE 1200 WASHINGTON, DC 20005
	State the term remaining	14 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.353	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	HEARTLAND WOODCRAFT INC-1121664606 529 NORTH RIVER ROAD WEST BEND, WI 53090
	State the term remaining		
	List the contract number of any government contract		
2.354	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HEMINGWAY POWER EQUIPMENT 102 N MAIN STREET HEMMINGWAY, SC 29554
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.355	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HENDERSON RENTAL LLC 423 RAGLAND RD BECKLEY, WVA 25801
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.356	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HENDRIX CHAINSAW & GARDEN EQUIPMENT 5338 SEBASTOPOL RD SANTA ROSA, CA 95407
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.357	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HENDRIX SERVICE CORP 5900 HWY 29 N MOLINO, FL 32577
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.358	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	HENRICKSEN & CO INC-434951 1070 W ARDMORE AVE ITASCA, IL 60143
	State the term remaining		
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.359	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HESPERIA OUTDOOR POWER EQUIPMENT 17494 MAIN ST HESPERIA, CA 92345
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.360	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HETTINGER'S BACKYARD & POWER STORE 95 E MICHIGAN AV E GALESBURG, MI 49053
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.361	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HEUSER ENTERPRISES INCORPORATED 29 INNOVATION DRIVE BLUFFTON, SC 29910
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.362	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HI WAY SMALL ENGINE REPAIR PO BOX 1416 AZTEC, NM 87410
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.363	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HIGHLAND POWER EQUIPMENT 251 BROOKS ST WORCESTER, MA 01606
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.364	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HILLSIDE OUTDOOR P O BOX 490 GATESVILLE, TX 76528
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.365	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HINSON CHAIN SAW 404 SNOWDEN DR ANDALUSIA, AL 36420
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.366	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	HISCOX \$2M / ACT \$3M 1 GREAT ST HELEN'S LONDON, ENGLAND EC3A 6HX
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.367	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	HISCOX INSURANCE COMPANY INC. 104 SOUTH MICHIGAN AVE SUITE 600 CHICAGO, IL 60603
	State the term remaining	11 month(s)	
	List the contract number of any government contract		
2.368	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HOMESTEAD ACRES SAW & MOWER 1351 HOYT ST SE SALEM, OR 97302
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.369	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HOMETOWN AUTO & HARDWARE 1305 EDISON ST BRUSH, CO 80723
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.370	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HOMETOWN AUTO & HARDWARE 1305 EDISON ST BRUSH, CO 80723
	State the term remaining	18 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.371

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

HOMETOWN HARDWARE LLC

1085 HWY 49

State the term remaining

36 month(s)

POBOX 157

List the contract number of any government contract

FLORA, MS 39071

2.372

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

HOMETOWN MOWER LLC

2318 TP WHITE DR

State the term remaining

5 month(s)

List the contract number of any government contract

CAHOTI, AR 72023

2.373

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

HONEST ENGINES

643 SOUTH ST

State the term remaining

5 month(s)

List the contract number of any government contract

LINCOLN, NE 68521

2.374

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

HONEYWELL SCANNING AND MOBILITY-828686456

62408 COLLECTIONS CENTER DRIVE

State the term remaining

List the contract number of any government contract

CHICAGO, IL 60693

2.375

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

HORN MOWER SHOP LLC

121 W 1ST ST

State the term remaining

5 month(s)

List the contract number of any government contract

CLAYCLIFF, IN 47841

2.376

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

HOUSTON BROS LAWN CARE & SPRINKLERS LLC

1480 W 400 S

State the term remaining

31 month(s)

List the contract number of any government contract

OREM , UT 84058

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.377	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HOWARDS OUTDOOR POWER 3970 9 MILE RD WARREN, MI 48093
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.378	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HOWELLS SERVICE CENTER 1801 7TH ST S CLANTON, AL 35045
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.379	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HTK ENTERPRISES OF MATTOON INC 1601 BROADWAY AVE MATTOON, IL 61938
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.380	State what the contract or lease is for and the nature of the debtor's interest	Buyer	HUBBELL LIGHTING INC-713086 701 MILLENNIUM BLVD GREENVILLE, SC 29607
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.381	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	HUDSON SPECIALTY INSURANCE COMPANY FOUR BENTALL CENTRE 1055 DUNSMUIR STREET SUITE 1784 PO BOX 491 VANCOUVER, BRITISH COLUMBIA V7X 1K8
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.382	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HULLER LAWN EQUIPMENT INC 615 S LINCOLN AVE O FALLON, IL 62269
	State the term remaining	28 month(s)	
	List the contract number of any government contract		



Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.383	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HULLER LAWN EQUIPMENT INC 615 SOUT LINCOLN OFALLON, IL 62269
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.384	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HUNT STREET AUTO LLC 3621 HUNT ST NW GIG HARBOR, WA 98335
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.385	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HWY 304 MOTORS 1753 HIGHWAY 304 SMITHVILLE, TX 78957
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.386	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	HWY 304 MOTORS 1753 HWY 304 SMITHVILLE, TN 78957
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.387	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ILLINOIS NATIONAL INSURANCE COMPANY (AIG) 500 WEST MADISON 30TH FLOOR CHICAGO, IL 60661
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.388	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ILLINOIS NATIONAL INSURANCE COMPANY (AIG) 500 WEST MADISON 30TH FLOOR CHICAGO, IL 60661
	State the term remaining	7 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.389	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	ILLINOIS UNION INSURANCE COMPANY (ACE) 436 WALNUT STREET - WA 07A PHILADELPHIA, PA 19106
	State the term remaining	13 month(s)	
	List the contract number of any government contract		
2.390	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ILLINOIS VALLEY LAWN & GARDEN SERVICE CENTER 5205 E ROME RD CHILLICOTHE, IL 61523
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.391	State what the contract or lease is for and the nature of the debtor's interest	Job Site Web Services Buyer	INDEED, INC. 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750
	State the term remaining		
	List the contract number of any government contract		
2.392	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	INDEED, INC. 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750
	State the term remaining		
	List the contract number of any government contract		
2.393	State what the contract or lease is for and the nature of the debtor's interest	Job Site Web Services Buyer	INDEED, INC. 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750
	State the term remaining		
	List the contract number of any government contract		
2.394	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	INDEED, INC. 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750
	State the term remaining		
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.395	State what the contract or lease is for and the nature of the debtor's interest	Job Site Web Services Buyer	INDEED, INC. 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750
	State the term remaining		
	List the contract number of any government contract		
2.396	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	INLAND POWER EQUIPMENT CO 81405 HWY 111 INDIO, CA 92201
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.397	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	INSIGHT DIRECT USA (INITIAL) P O BOX 731071 NONE DALLAS, TX 75373
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.398	State what the contract or lease is for and the nature of the debtor's interest	Membership Subscriber	INTERNATIONAL SAFE TRANSIT ASSOCIATION 1401 ABBOT ROAD SUITE 161 EAST LANSING, MI 48823-1900
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.399	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	INVUE SECURITY PRODUCTS INC-61734067 5553 WHIPPLE AVENUE STE 5 NORTH CANTON, OH 44720
	State the term remaining		
	List the contract number of any government contract		
2.400	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	IPROSPECT.COM INC-600932 200 CLARENDON ST 23RD FLOOR BOSTON, MA 02116
	State the term remaining		
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.401	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	IRM ENTERPRISES LLC 199 STETZER RD BUCYRAS, OH 44820
	State the term remaining	22 month(s)	
	List the contract number of any government contract		
2.402	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	IRONSHORE SPECIALTY INSURANCE COMPANY 300 SOUTH WACKER DRIVE 7TH FLOOR CHICAGO, IL 60606
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.403	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	IRON-STARR EXCESS AGENCY LTD. 141 FRONT STREET HAMILTON, BERMUDA HM 19
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.404	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ITAMCO 6100 MICHIGAN ROAD PLYMOUTH, IN 46563
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.405	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	IWC INC-631416 500 N CENTRAL EXPY STE 105 PLANO, TX 75074
	State the term remaining		
	List the contract number of any government contract		
2.406	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J & C'S MOWER SERVICE & SMALL ENGINE LLC 16 WEST 1ST CHENEY, WA 99004
	State the term remaining	31 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.407	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J & M SMALL ENGINE REPAIR LLC 1270 W PRESIDIO DRIVE PUEBLO, CO 81007
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.408	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J AND D LAWN & TRACTOR SALES 11020 PERRY HWY WEXFORD, PA 15090
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.409	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J CENTRAL OHIO MOWER REPAIR 2659 ELDER RD NE LANCASTER, OH 43130
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.410	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J O D A LC 1048 WASHINGTON SQUARE WASHINGTON, MO 63090
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.411	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J&F REPAIR SERVICES,INC 1814 COMMERCE STREET GRALAND, TX 75040
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.412	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J&M LAWNMOWER SERVICE LLC 127 LAWN DR FREEDOM, PA 16637
	State the term remaining	38 month(s)	
	List the contract number of any government contract		

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2.413	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J.R. SMALL ENGINES 9450 E BANKHEAD HWY ALEDO, TX 76008
	State the term remaining	22 month(s)	
	List the contract number of any government contract		
2.414	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JACKSON TRUE VALUE 126 HWY 15 N JACKSON, KY 41339
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.415	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JAMES LAWNMOWER SALES & SERVICE 5034 RIGSBY AVE SAN ANTONIO, TX 78222
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.416	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JAYS SMALL ENGINE & APPLIANCE 70 HOLLAND ST LEWISTON, ME 04240
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.417	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JD SMALL ENGINE REPAIR 624 N MARKET ST WATERLOO, IL 62220
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.418	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	JEFF SMITH BLDG & DEVELOPMENT INC-1869154757 9191 SANTIAGO DRIVE HUNTINGTON BEACH, CA 92646
	State the term remaining		
	List the contract number of any government contract		

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2.419	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JEFF'S SMALL ENGINE REPAIR
	State the term remaining	25 month(s)	190 BOWLING RD
	List the contract number of any government contract		MIDDLESBORO, KY 40965

2.420	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JEFF'S SMALL ENGINES
	State the term remaining	18 month(s)	11948 SW4S HWY 59
	List the contract number of any government contract		ST JOSEPH, MO 64504

2.421	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JK POWER EQUIPMENT
	State the term remaining	38 month(s)	765 SGT PALMATEER WAY
	List the contract number of any government contract		WAPPINGERS FALLS, NY 12590

2.422	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	JMC GLOBAL TECHNOLOGIES I LP-113803089
	State the term remaining		945 KELLER SMITHFIELD ROAD S
	List the contract number of any government contract		KELLER, TX 76248

2.423	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOB-RITE
	State the term remaining	39 month(s)	5982 STATE ROAD
	List the contract number of any government contract		PARMA, OH 44134

2.424	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOE BLAIR GARDEN SUPPLY
	State the term remaining	5 month(s)	320 NE 79 ST
	List the contract number of any government contract		MIAMI, FL 33138

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2.425	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOE'S POWER CENTER 534 S WASHINGTON STREET KIMBERLY, WI 54136
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.426	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOE'S POWER CENTER 534 S WASHINGTON KIMBERLY, WI 54136
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.427	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOG INVESTMENTS LLC 1605 S BROADWAY ST NEW ULM, MN 56073
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.428	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOG INVESTMENTS LLC 1605 S BROADWAY NEW ULM, MN 56073
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.429	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOHNNY'S REPAIR SERVICE 751 S STATE ST LYONS, GA 30436
	State the term remaining	11 month(s)	
	List the contract number of any government contract		
2.430	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOHNSON SERVICE CENTER 518 BONHAM ST GRAND PRAIRIE, TX 75050
	State the term remaining	20 month(s)	
	List the contract number of any government contract		



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2.431	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JOHNSON'S TURF & IRRIGATION 933 AIRLINE RD CORPUS CHRISTI, TX 78412
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.432	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JP'S SERVICE 739 STARKS ROAD NEW SHARON, NE 04955
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.433	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JR'S SMALL ENGINE REPAIR 2302 PITT ST ANDERSON, IN 46016
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.434	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	JS PRODUCTS INC-1000748970 6445 MONTESSOURI STREET LAS VEGAS, NV 89113
	State the term remaining		
	List the contract number of any government contract		
2.435	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	J-TEL LAWN & SNOW EQUIPMENT 11322 SO HARLEM AVE WORTH, SC 60482
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.436	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	JTR REPAIR INC 1731 N 725 E DARLINGTON, IN 47940
	State the term remaining	38 month(s)	
	List the contract number of any government contract		

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2.437

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

JWH ENTERPRISE

RR1 BOX 58

State the term remaining

5 month(s)

List the contract number of any government contract

LEWLSBURG, WV 24901

2.438

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

K & H CONSTRUCTION LLC

25 ROODE RD

State the term remaining

34 month(s)

List the contract number of any government contract

PLAINFIELD, CT 06374

2.439

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

K & M SMALL ENGINE REPAIR/LAWN CARE

605 N O SAGE AVE

State the term remaining

20 month(s)

List the contract number of any government contract

DEWEY, OK 74029

2.440

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

K C LAWN MOWER REPAIR

1725 SW BLVD

State the term remaining

17 month(s)

List the contract number of any government contract

KC, KS 66103

2.441

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

K&M LAWN AND GARDEN REPAIR

452 N 1100 W

State the term remaining

18 month(s)

List the contract number of any government contract

CENTERVILLE, UT 84014

2.442

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

K&M LAWN AND GARDEN REPAIR

452 N 1100 W

State the term remaining

18 month(s)

List the contract number of any government contract

CENTERVILLE, UT 84014

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2.443	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	K1W1 LAWNMOWER & CHAINSAW REPAIR 1103 W TECYUOLOLS AVE CENTRALIA, WA 98531
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.444	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KBCM LLC 1503 WEST EHRINGHAUS STREET ELIZABETH CITY, NC 27909
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.445	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KEITH'S AUTO REPAIR & TOWING 365 ISRAEL ST WHITEHALL, IL 62012
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.446	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KEN & DEE ENTERPRISE 2302 VI 25105 DERBY, VT 05829
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.447	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KINGS SERVICE CENTER 2215 GROTH ST SPRINGFIELD, IL 62703
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.448	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KINGSTON LAWN & POWER EQUIPMENT INC 9 SOUTH STERLING ST KINGSTON, NY 12401
	State the term remaining	39 month(s)	
	List the contract number of any government contract		

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2.449	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KIPP'S LAWNMOWER SALES & SERVICE INC 2419 OGDEN AV LISLE, IL 60532
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.450	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KIRK'S LLC 3995 FAIRGROVE RD FAIRGROVE, MI 48733
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.451	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KITSAP TOOL REPAIR 5734 NE MINDER RD POULSBA, WA 98370
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.452	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KIWI LAWNMOWER & CHAINSAW REPAIR 1103 W REYNOLDS AVE CENTRALIA, WA 98531
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.453	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KLAUS HOLDINGS INC 800 N WEATHERLY ST BORGER, TX 79007
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.454	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	KOOTENAI LAWN & GARDEN INC 1401 BEST AVE COEUR D ALENE, ID 83814
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.455

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

KORPACK INC-83621262

290 MADSEN DR STE 101

State the term remaining

List the contract number of any government contract

BLOOMINGDALE, IL 60108

2.456

State what the contract or lease is for and the nature of the debtor's interest

License Agreement

Licensee

KURT P HERRERA

1505 BALEIN CT

State the term remaining

5 month(s)

List the contract number of any government contract

HAYWARD, CA 94544

2.457

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

KURT'S LAWN & GARDEN

340 SNOVER ROAD

State the term remaining

30 month(s)

List the contract number of any government contract

SANDUSKY, MI 48471

2.458

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

L & D SMALL ENGINE REPAIR

17480 70TH ST SE

State the term remaining

18 month(s)

List the contract number of any government contract

WHAHPETON, ND 58075

2.459

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

LABONVILLE INC

504 MAIN STREET

State the term remaining

32 month(s)

List the contract number of any government contract

GORHAM, NH 03581

2.460

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

LAKEWAY OUTDOOR POWER EQUIPMENT, LLC

15307 STORM DRIVE

State the term remaining

18 month(s)

List the contract number of any government contract

AUSTIN, TX 78734

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2.461	State what the contract or lease is for and the nature of the debtor's interest	Tax Agreement Buyer	LANDS' END, INC. 1 LANDS' END LANE DODGEVILLE, WI 53595
	State the term remaining		
	List the contract number of any government contract		
2.462	State what the contract or lease is for and the nature of the debtor's interest	Tax Agreement Buyer	LANDS' END, INC. 1 LANDS' END LANE DODGEVILLE, WI 53595
	State the term remaining		
	List the contract number of any government contract		
2.463	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	LANDS' END, INC. 5 LANDS' END LANE DODGEVILLE, WI 53595
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.464	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LARRY'S SMALL ENGINE REPAIR 9146 N BROADWAY ST SANTA MARIA, CA 93434
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.465	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LASTER OUTDOOR POWER EQUIPMENT 814 N W STALLINGS NACOGDOCHES, TX 75964
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.466	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LAWN & MOWER DOC LLC 680 WEISS ROAD ST PETER'S, MO 63376
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

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2.467	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LAWN & MOWER DOC LLC 4456 HWY 701 N CONWAY, SC 29526
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.468	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LAWN EQUIPMENT INC 405 MAIN STREET HILLIARD, OH 43026
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.469	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LAWN MOWER SHOP INC 237 W UNION AVE BOUND BROOK, NJ 08805
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.470	State what the contract or lease is for and the nature of the debtor's interest	Lease Lessee	LBA REALTY LLC 3347 MICHELSON DRIVE SUITE 200 IRVINE, CA 92612
	State the term remaining	115 month(s)	
	List the contract number of any government contract		
2.471	State what the contract or lease is for and the nature of the debtor's interest	Lease Lessee	LBA REALTY LLC 3347 MICHELSON DRIVE SUITE 200 IRVINE, CA 92612
	State the term remaining	115 month(s)	
	List the contract number of any government contract		
2.472	State what the contract or lease is for and the nature of the debtor's interest	Lease Lessee	LBA REALTY LLC 3347 MICHELSON DRIVE SUITE 200 IRVINE, CA 92612
	State the term remaining	115 month(s)	
	List the contract number of any government contract		

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2.473

State what the contract or  
lease is for and the nature  
of the debtor's interest

Lease

Lessee

LBA REALTY, LLC

3347 MICHELSON DRIVE

State the term remaining

115 month(s)

SUITE 200

List the contract number of  
any government contract

IRVINE, CA 92612

2.474

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

LEAR UNLIMITED LLC

2204 NORTH WOLFE STREET

State the term remaining

30 month(s)

List the contract number of  
any government contract

MUNCIE, IN 47303

2.475

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

LEDVANCE LLC

100 ENDICOTT STREET

State the term remaining

2 month(s)

List the contract number of  
any government contract

DANVERS, MA 01923

2.476

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

LEE HOFFPAUIR INC

2105 S WATER ST

State the term remaining

28 month(s)

List the contract number of  
any government contract

BURNET, TX 78611

2.477

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

LEE LAWNMOWER

2426 S MAIN ST

State the term remaining

19 month(s)

List the contract number of  
any government contract

SANTA ANA, CA 92707

2.478

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

LEES LAWN CARE & EQUIPMENT LLC

411 E UNBOUDALE DR

State the term remaining

34 month(s)

List the contract number of  
any government contract

MOBENLY, MO 65270



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2.479	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LEMONS FARM EQUIPMENT 42 LEMON LANE PARKERSBURG, WV 26101
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.480	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LEN'S SMALL ENGINE REPAIR 311 2ND AVE CARBON CLIFF, IL 61239
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.481	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LEONARD'S DIESEL REPAIR P O BOX 32 ONTARIO, CA 91762
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.482	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	LEXISNEXIS RISK SOLUTIONS 28330 NETWORK PLACE CHICAGO, IL 60673
	State the term remaining	11 month(s)	
	List the contract number of any government contract		
2.483	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	LEXMARK INTERNATIONAL INC-623331717 P O BOX 96612 CHICAGO, IL 60693
	State the term remaining		
	List the contract number of any government contract		
2.484	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LIBERTY MUTUAL FIRE INSURANCE COMPANY 27201 BELLA VISTA PARKWAY SUITE 210 WARRENVILLE, IL 60555
	State the term remaining	8 month(s)	
	List the contract number of any government contract		

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2.485	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LIBERTY SMALL ENGINE REPAIR 1451 OGLETHORPE HWY HINESVILLE, GA 31313
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.486	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LIBERTY TIRE RECYCLING 1251 WATERFRONT PLACE 4TH FLOOR PITTSBURGH, PA 15222
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.487	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LIFFCO POWER EQUIPMENT INC 99 JERICO TPKE MINNEOLA, NY 11501
	State the term remaining	23 month(s)	
	List the contract number of any government contract		
2.488	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LINK SMALL ENGINE REPAIR LLC 23 COLD WINTER ROAD BLOOMFIELD, CT 06002
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.489	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	LLOYDS OF LONDON (AIG 80% / ACT 20%) 58 FENCHURCH STREET LONDON, ENGLAND EC3M 4AB
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.490	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYDS OF LONDON (BEAZLEY 37.5% / ASPEN 15% / ACT 20% / STARTPOINT) PLANTATION PLACE SOUTH 60 GREAT TOWER LONDON, ENGLAND EC3R 5AD
	State the term remaining	7 month(s)	
	List the contract number of any government contract		

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2.491	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYDS OF LONDON (BEAZLEY) PLANTATION PLACE SOUTH 60 GREAT TOWER STREET LONDON, ENGLAND EC3R 5AD
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.492	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYDS OF LONDON (HISCOX 50% / AIG 30% / ACT 20% (UK)) 1 GREAT ST HELEN'S LONDON, ENGLAND EC3A 6HX
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.493	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYDS OF LONDON (STARTPOINT 50% / ASPEN 30% / ACT 20% (UK)) 1ST FLOOR 62 CORNHILL LONDON, ENGLAND EC3V 3NH
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.494	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 1183 (TAL, BRT) THE LEADENHALL BUILDING 122 LEADENHALL ST LONDON, ENGLAND EC3V 4AN
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.495	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 1414 (ASC) ASCOT UNDERWRITING LIMITED 20 FENCHURCH STREET LONDON, ENGLAND EC3M 3BY
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.496	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 1955 (BARBICAN) WINDWARD PLACE 24 CROW LANE HAMILTON HM 19
	State the term remaining	8 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.497	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 1955 (BARBICAN) BARBICAN INSURANCE GROUP WINDWARD PLACE 24 CROW LANE HAMILTON HM 19
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.498	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 2468 (NEON) PURVIS HOUSE 1ST FLOOR 29 VICTORIA STREET HAMILTON HM 10
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.499	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	LLOYD'S SYNDICATE NO. 318 (MSP) BEAUFORT UNDERWRITING AGENCY LIMITED THIRD FLOOR ONE MINSTER LONDON, ENGLAND EC3R 7AA
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.500	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	LLOYDS SYNDICATES 623/2623 333 WEST WACKER DRIVE SUITE 1400 CHICAGO, IL 60606
	State the term remaining	79 month(s)	
	List the contract number of any government contract		
2.501	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	LLOYDS SYNDICATES 623/2623 333 WEST WACKER DRIVE SUITE 1400 CHICAGO, IL 60606
	State the term remaining	79 month(s)	
	List the contract number of any government contract		
2.502	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	LLOYDS SYNDICATES 623/2623 333 WEST WACKER DRIVE SUITE 1400 CHICAGO, IL 60606
	State the term remaining	79 month(s)	
	List the contract number of any government contract		

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2.503	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LOKO PARTNERS INC 1598 US ROUTE 302 BARRE, VI 005641
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.504	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LONG'S AUTO & SMALL ENGINE 2253 JOE BROWN HWY S CHADBOURN, NC 28431
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.505	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LONG'S OUTDOORS POWER EQUIPMENT 1601 E 5TH ST TABOR CITY, NC 28463
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.506	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LORENZ ENTERPRISES LLC   
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.507	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	LOWELLS SMALL ENGINE 926 N BLOOMINGTON ST HWY 71 NORTH LOWELL, AR 72745
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.508	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	LOZIER CORPORATION-981308 PO BOX 3577 OMAHA, NE 68103
	State the term remaining		
	List the contract number of any government contract		

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2.509

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

LOZIER STORE FIXTURES LLC-6422224

P O BOX 30055

State the term remaining

List the contract number of any government contract

OMAHA, NE 68103

2.510

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

LTM TRUCK & RV REPAIR INC

62684 SHINDEHAUSER RD

State the term remaining

35 month(s)

List the contract number of any government contract

COCIS BAY, OR 97420

2.511

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

LUBBOCK POWER & LAWN

12101 GENEVA AVE

State the term remaining

28 month(s)

List the contract number of any government contract

LUBBOCK, TX 79423

2.512

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

LUCIDWORKS INC-656132

340 BRANNAN STREET SUITE 400

State the term remaining

List the contract number of any government contract

SAN FRANCISCO, CA 94107

2.513

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

LUMBER RIVER TRADING CO

1675 N ROBERTS AVE

State the term remaining

28 month(s)

List the contract number of any government contract

LUMBERTON, NC 28358

2.514

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

M & D FOUR SEASONS

1642 EAST PARK AVE

State the term remaining

35 month(s)

List the contract number of any government contract

ENTERPRISE, AL 36330

Debtor

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2.515

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

M&D MOWER AND APPLIANCE

25405 BROADWAY AVE

State the term remaining

36 month(s)

4

List the contract number of any government contract

OAKWOOD VILLAGE, OH 44146

2.516

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MACFARLANE SMALL ENGINE SERVICE

130 WEST FRONT ST

State the term remaining

5 month(s)

List the contract number of any government contract

SHREVEPORT, LA 71107

2.517

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MACGYVER

14 FRANKLIN RD

State the term remaining

36 month(s)

List the contract number of any government contract

OCEAN SPRINGS, MS 39564

2.518

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

MADIX INC-981373

PO BOX 204040

State the term remaining

List the contract number of any government contract

DALLAS, TX 75320

2.519

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement

Buyer

MAGNA CARTA INSURANCE LIMITED

22 QUEEN STREET

State the term remaining

10 month(s)

List the contract number of any government contract

HAMILTON HM HX

2.520

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MAGNOLIA RENTAL & SALES BATES

171 HWY 51 S

State the term remaining

16 month(s)

List the contract number of any government contract

BATESVILLE, MS 38606

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2.521	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MANNINGTON MILLS INC-685321 PO BOX 96261 CHICAGO, IL 60693
	State the term remaining		
	List the contract number of any government contract		
2.522	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MANTHE EQUIPMENT 1039 CALIFORNIA WAY LONGVIEW, WA 98632
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.523	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	MARKEL BERMUDA LTD. MARKEL BERMUDA LTD MARKEL HOUSE 2 FRONT STREET HAMILTON
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.524	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MAROON & WHITE LLC 1410 MONTAGUE AVE EXT GREENWOOD, SC 29649
	State the term remaining	25 month(s)	
	List the contract number of any government contract		
2.525	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MAURER'S LAWN MOWER 5575 CONCORD RD BEAUMONT, TX 77708
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.526	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MAVERICK SOLUTIONS GROUP LLC 4551 S WHITE MTN RD3 SHOWLOW, AZ 85901
	State the term remaining	5 month(s)	
	List the contract number of any government contract		



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2.527

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

MBS IDENTIFICATION INC-1000483354

P O BOX 642

State the term remaining

List the contract number of any government contract

PARK RIDGE, IL 60068

2.528

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MCCOY EQUIPMENT SALES INC

2847 US 322

State the term remaining

36 month(s)

List the contract number of any government contract

FRANKLIN, PA 16323

2.529

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MCGEE EQUIPMENT RENTAL & SALES INC

1458 HWY 190

State the term remaining

35 month(s)

List the contract number of any government contract

EUNICE, CA 70535

2.530

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MCLEANS PROMART HOMECENTER II INC

209 S JAMES ST

State the term remaining

29 month(s)

List the contract number of any government contract

GRAYLING, MI 49738

2.531

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MCLEANS PROMART HOMECENTER II INC

209 S JAMES ST

State the term remaining

29 month(s)

List the contract number of any government contract

GRAYLING, MI 49738

2.532

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MEADOW FARM MARKET

PO BOX 51

State the term remaining

32 month(s)

List the contract number of any government contract

SOUTH LEE, MA 02160

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2.533	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MEADOWBROOK HARDWARE 4217 SO ALAMED N CORPUS CHRISTI, TX 78412
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.534	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MECHANICAL SHOP OF LAREDO INC 110 RANCH ROAD 6086 C LAREDO, TX 78043
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.535	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MEG DIVISION OF HIRSH IND-741061 39803 TREASURY CENTER CHICAGO, IL 60694
	State the term remaining		
	List the contract number of any government contract		
2.536	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MENDIX INC-712751 268 SUMMER STREET BOSTON, MA 02210
	State the term remaining		
	List the contract number of any government contract		
2.537	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MERLON SOFTWARE CORPORATION-721329 2420 MEADOWPINE BLVD STE 100 MISSISSAUGA, ON L5N 1W1
	State the term remaining		
	List the contract number of any government contract		
2.538	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MESA RENTAL CENTER 3716 E MAIN ST 1 MESA, AZ 85205
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

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2.539	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	METROPOLITAN LIFE INSURANCE COMPANY 1900 E GOLF ROAD SUITE 500 SCHAUMBURG, IL 60173
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.540	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	METROWEST SMALL ENGINE REPAIR 20 SPRING ST NATICK, MA 01760
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.541	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MEZA'S SMALL ENGINE REPAIR 204 W MAIN ST EL CANTRO, CA 92243
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.542	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MG MANAGEMENT CO LLC 3151 S SPRINGFIELD AVENUE BOLIVAR, MO 65613
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.543	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MICHAELS SMALL ENGINE REPAIR 246 JEFFERSON ST GREENFIELD, OH 45123
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.544	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MICHAELS SMALL ENGINE REPAIR 246 JEFFERSON ST GREENFIELD, OH 45123
	State the term remaining	34 month(s)	
	List the contract number of any government contract		

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2.545	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MICHIANA LAWN EQUIPMENT INC 430 S MAYFLOWER SOUTH BEND, IN 46619
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.546	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MICRO FOCUS (US) INC-40760006 DEPT CH 19224 PALATINE, IL 60055
	State the term remaining		
	List the contract number of any government contract		
2.547	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MIDWEST CENTRAL OUTDOOR LLC 17567 US HWY 71 ST JOSEPH, MO 64505
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.548	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MIDWEST EQUIPMENT 3150 W COLLEGE AVE NORMAL, IL 61761
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.549	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MIDWEST POWER EQUIPMENT 2446 JOLLY ROAD OKEMOS, MI 48864
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.550	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MIDWEST SMALL ENGINE SALES & REPAIRS LLC 4145 NW 25TH ST BLDG C TOPEKA, KS 66618
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.551	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MIKE MEDIA GROUP INC-695096 642 N NOBLE ST 4 CHICAGO, IL 60642
	State the term remaining		
	List the contract number of any government contract		
2.552	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MILLENNIUM POWER EQUIPMENT 602 IDOL ST HIGH POINT, NC 27262
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.553	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	MILLER LANDSCAPE INC-125492 815 BROWN ROAD ORION, MI 48359
	State the term remaining		
	List the contract number of any government contract		
2.554	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MILLIMAN, INC 1301 5TH AVE SUITE 3800 SEATTLE, WA 98101
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.555	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MITCHELLS SMALL ENGINE SUPPLY,INC 821 WASHINGTON AVE GREENSVILLE, MS 38701
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.556	State what the contract or lease is for and the nature of the debtor's interest	UTC (Includes Affiliates) Buyer	MJ HOLDING COMPANY, LLC 7001 S HARLEM AVE BEDFORD PARK, IL 60638
	State the term remaining		
	List the contract number of any government contract		

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2.557

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MJAJ LLC

8055 E HWY 24

State the term remaining

19 month(s)

List the contract number of any government contract

MANHATTAN, KS 66502

2.558

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

M-M REPAIR SERVICE LLC

P O BOX 356

State the term remaining

20 month(s)

List the contract number of any government contract

PINELAND, TX 75968

2.559

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MOATES SMALL ENGINE REPAIR LLC

5019A HWY 22

State the term remaining

30 month(s)

List the contract number of any government contract

PANAMA CITY, FL 32404

2.560

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MOBILE LAWN & GARDEN REPAIR

1027 PITTSBURGH ROAD

State the term remaining

36 month(s)

List the contract number of any government contract

UNIONTOWN, PA 15401

2.561

State what the contract or lease is for and the nature of the debtor's interest

Service Agreement

Subscriber

MONGODB, INC.

229 WEST 43RD ST

State the term remaining

7 month(s)

List the contract number of any government contract

NEW YORK, NY 10036

2.562

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

MONTEBELLO SALES, SERVICE & REPAIR INC

5606 US HIGHWAY 61 67

State the term remaining

28 month(s)

List the contract number of any government contract

IMPERIAL, MO 63052

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2.563	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOORSET ENTERPRISES LLC 510 E I H 10 SEQVIN, TX 78155
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.564	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOR POWER EQUIPMENT INC PO BOX 149 TAPPAN, NY 10983
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.565	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MORGAN STANLEY SMITH BARNEY 787 SEVENTH AVE NEW YORK, NY 10019
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.566	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MORRIS LEVIN & SON 1816 SOUTH K ST TULARE, CA 93274
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.567	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOWER MAINTENANCE SERVICE 10150 OXFORD DR PICKERINGTON, OH 43147
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.568	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOWER MEDIC 537 HWY 62412 ASH FLAT, AR 72513
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.569	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOWER PRO LLC 1210 JOHN SNALL AVENUE WASHINGTON, NC 27889
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.570	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MOWERS AND MORE 224 ULSTER AVE STE A SAUGERTIES, NY 12477
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.571	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MR MOWER 4500 YELLOWSTONE POCATELLO, ID 83202
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.572	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MSK ASSOCIATES INC 15910 EDGEWOOD DRIVE BAXTER, MN 56425
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.573	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	MY 3 SONS POWER EQUIPMENT 6321 WAGNER AVE GRAND BLANC, MI 48439
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.574	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	NATIONAL CASUALTY COMPANY 1712 MAGNAVOX WAY FORT WAYNE, IN 46804
	State the term remaining	10 month(s)	
	List the contract number of any government contract		



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2.575

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement. Applies to the Debtor's Affiliates

NATIONAL CASUALTY COMPANY

Buyer

1712 MAGNAVOX WAY

State the term remaining

10 month(s)

List the contract number of any government contract

FORT WAYNE, IN 46804

2.576

State what the contract or lease is for and the nature of the debtor's interest

NATIONAL ENTERTAINMENT

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

2.577

State what the contract or lease is for and the nature of the debtor's interest

License Agreement

NATIONAL ENTERTAINMENT

Licensee

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

2.578

State what the contract or lease is for and the nature of the debtor's interest

NATIONAL ENTERTAINMENT

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

2.579

State what the contract or lease is for and the nature of the debtor's interest

License Agreement

NATIONAL ENTERTAINMENT

Licensee

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

2.580

State what the contract or lease is for and the nature of the debtor's interest

NATIONAL ENTERTAINMENT

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

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2.581

State what the contract or lease is for and the nature of the debtor's interest

License Agreement

Licensee

NATIONAL ENTERTAINMENT

ATD-COAM

State the term remaining

3 month(s)

List the contract number of any government contract

ATLANTA, GA 30348

2.582

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement. Applies to the Debtor's Affiliates

Buyer

NATIONAL UNION FIRE INS CO OF PITTSBURGH, PA

99 HIGH STREET

State the term remaining

3 month(s)

List the contract number of any government contract

BOSTON, MA 02110

2.583

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

NATIONS SMALL ENGINE

3107 ALBERT PIKE

State the term remaining

16 month(s)

List the contract number of any government contract

HOT SPRINGS, AZ 71913

2.584

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement

Buyer

NAVIGATORS SPECIALTY INSURANCE COMPANY

230 W MONROE ST SUITE 1575

State the term remaining

23 month(s)

List the contract number of any government contract

CHICAGO, IL 60606

2.585

State what the contract or lease is for and the nature of the debtor's interest

Service Agreement

Service Provider

NAVY EXCHANGE SERVICE COMMAND (N

3280 VIRGINIA BEACH BOULEVARD

State the term remaining

19 month(s)

List the contract number of any government contract

VIRGINIA BEACH, VA 23452

2.586

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

NEIGHBORHOOD LAWNMOWER REPAIR

6105 MADISON ROAD

State the term remaining

38 month(s)

List the contract number of any government contract

CINNINNATI, OH 45727

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.587	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	NEPTUNO MEDIA INC-23626703 PO BOX 191995 SAN JUAN, PR 00919
	State the term remaining		
	List the contract number of any government contract		
2.588	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	NETAPP BV-655175 BOEING AVE 300 1119 PZ SCHIPHOL RIJK, NETHERLANDS
	State the term remaining		
	List the contract number of any government contract		
2.589	State what the contract or lease is for and the nature of the debtor's interest		NEUSTAR INFORMATION SERVICES, INC. Å 21575 RIDGETOP CIRCLE STERLING, VA 20166
	State the term remaining	2 month(s)	
	List the contract number of any government contract		
2.590	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NEW ENGLAND POWER EQUIPMENT 400 BOSTON POST RD OLD SAYBROOK, CT 06475
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.591	State what the contract or lease is for and the nature of the debtor's interest	Private Label Supply Agreement (Includes affiliates) Buyer	NIAGRA BOTTLING, LLC 2560 E PHILADELPHIA ST ONTARIO, CA 91761
	State the term remaining		
	List the contract number of any government contract		
2.592	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NICK'S LITTLE ENGINE SHOP 504 SANDHILLE ROAD GREENFIELD CENTER, NY 12833
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.593	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NIXA SMALL ENGINE 722 W KATHRYN ST NIVA, MO 65714
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.594	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	NOHODO LLC-702361 8 E WASHINGTON ST STE 200 CHAGRIN FALLS, OH 44022
	State the term remaining		
	List the contract number of any government contract		
2.595	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	NORTH AMERICAN ELITE INSURANCE COMPANY 222 WEST ADAMS STREET SUITE 2300 CHICAGO, IL 60606
	State the term remaining	6 month(s)	
	List the contract number of any government contract		
2.596	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	NORTH AMERICAN SPECIALTY INSURANCE COMPANY 222 WEST ADAMS STREET SUITE 2300 CHICAGO, IL 60606
	State the term remaining	7 month(s)	
	List the contract number of any government contract		
2.597	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NORTHEAST MS SMALL ENGINE 401 NORTH 4TH ST BALDWIN, MS 38824
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.598	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NORTHPORT POWER EQUIPMENT INC 29 BRIGHTSIDE AVE EAST NORTHPORT, NY 11731
	State the term remaining	22 month(s)	
	List the contract number of any government contract		

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2.599	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NORTHSHORE ACE HARDWARE 1037 ROBERT BLVD SLIDELL, LA 70458
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.600	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	NORTHWEST PALLET SUPPLY COMPANY-547141 3648 MORREIM DRIVE BELVIDERE, IL 61008
	State the term remaining		
	List the contract number of any government contract		
2.601	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NORTHWOODS HARDWARE HANK 321 N RIVER ST SPOONER, WI 54801
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.602	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	NORWIN RENTAL SALES & SERVICE LLC 28 FAIRWOOD DRIVE IRWIN, PA 15642
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.603	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OAKES ATV AND SMALL ENGINE 401 S 3RD ST PARAGOULD, AR 72450
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.604	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement. Applies to the Debtor's Affiliates Buyer	OLD REPUBLIC INSURANCE COMPANY 191 NORTH WACKER DRIVE SUITE 1000 CHICAGO, IL 60606
	State the term remaining	7 month(s)	
	List the contract number of any government contract		

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2.605	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OLEO ENTERPRISES 600 N HWY 77 STE E WAXAHACHIE, TN 75165
	State the term remaining	6 month(s)	
	List the contract number of any government contract		
2.606	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OLIVER SMALL ENGINE SERVICE & STORAGE LLC 304 STATE ST HOLMEN, WI 54636
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.607	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	OLYMPIC FOREST PRODUCTS COMPANY-711220 2200 CARNEGIE AVE CLEVELAND, OH 44115
	State the term remaining		
	List the contract number of any government contract		
2.608	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ONCRAWL 2 RUE DU DOYEN GEORGES BRUS PESSAC, 33600
	State the term remaining	4 month(s)	
	List the contract number of any government contract		
2.609	State what the contract or lease is for and the nature of the debtor's interest	Supply Agreement. Buyer	ONE WORLD TECHNOLOGIES, INC 1428 PEARMAN DAIRY ROAD ANDERSON, SC 29625
	State the term remaining	2 month(s)	
	List the contract number of any government contract		
2.610	State what the contract or lease is for and the nature of the debtor's interest	Supply Agreement. Buyer	ONE WORLD TECHNOLOGIES, INC 1428 PEARMAN DAIRY ROAD ANDERSON, SC 29625
	State the term remaining	2 month(s)	
	List the contract number of any government contract		

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2.611	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	O'NEILLS POWER EQUIPMENT 9 MAIN RD HOLDEN, ME 04429
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.612	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OPE SERVICE CENTER LLC 2727 MYSTLE ST SIOUX CITY, IA 51103
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.613	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	OPEN TEXT CORP-56614 24685 NETWORK PLACE CHICAGO, IL 60673
	State the term remaining		
	List the contract number of any government contract		
2.614	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	OPENNMS GROUP INC-647305 POST OFFICE 208 PITTSBORO, NC 27312
	State the term remaining		
	List the contract number of any government contract		
2.615	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OPTUMRX 1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173-6801
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.616	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	ORIGINAL SMITH PRINTING-696240 2 HARDMAN DR BLOOMINGTON, IL 61701
	State the term remaining		
	List the contract number of any government contract		

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2.617	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OUTDOOR POWER 5280 CAUGHDENROY ROAD CLAY CENTRAL SQUARE, NY 13041
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.618	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OUTDOOR POWER EQUIPMENT STATION 5944 S ST RD 25 ROCHESTER, IN 45975
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.619	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OUTDOOR POWER LLC 839 STATE ST WATERTOWN, MN 13001
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.620	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	OUTDOOR POWER OF NORTHERN NY INC 839 STATE ST WATERTOWN, MN 13001
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.621	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	P FAM LLC 1505 S PARADISE DR COTTONWOOD, AZ 86326
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.622	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	P&K MIDWEST INC 2415 SERGEANT ROAD WATERLOO, IA 50701
	State the term remaining	34 month(s)	
	List the contract number of any government contract		



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2.623	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PACIFIC NAIL & STAPLE, INC. 11332 120TH AVE NE KIRKLAND, WA 98033
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.624	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PACIFIC NAIL & STAPLE, INC. 11332 120TH AVE NE KIRKLAND, WA 98033
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.625	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	PACKSIZE LLC-78282437 6440 S WASATCH BLVD SALT LAKE CITY, UT 84121
	State the term remaining		
	List the contract number of any government contract		
2.626	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	PALMER PROMOTIONAL PRODUCTS-691465 23001 WEST INDUSTRIAL DRIVE ST CLAIR SHORES, MI 48080
	State the term remaining		
	List the contract number of any government contract		
2.627	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	PANEL PROCESSING INC-370056 1418 RELIABLE PKWY CHICAGO, IL 60686
	State the term remaining		
	List the contract number of any government contract		
2.628	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PARKLAND LAWN EQUIPMENT 980 WOODLAND DR FARMINGTON, MO 63640
	State the term remaining	17 month(s)	
	List the contract number of any government contract		

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2.629	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement N Buyer	PARSONS SMALL ENGINE REPAIR 804 HWY 7159 SOUTH MENA, AR 71953
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.630	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	PARTNERRE IRELAND INSURANCE DA ZURICH BRANCH BELLERIVESTRASSE 36 ZURICH CH-8034
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.631	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PARTS R US 642 MAIN ST LIMESTONE, NY 14753
	State the term remaining	50 month(s)	
	List the contract number of any government contract		
2.632	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PAULDING ACE HARDWARE LLC 1251 N WILLIAM PAULDING, OH 45878
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.633	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PAYNES INC 160 E BOSWELL ST BATESVILLE, AR 72501
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.634	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	PEAK RYZEX INC-622472 8458 SOLUTIONS CENTER CHICAGO, IL 60677
	State the term remaining		
	List the contract number of any government contract		

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2.635	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order	PEGGS CO-41690850
	State the term remaining	Buyer	P O BOX 907
	List the contract number of any government contract		MIRA LOMA, CA 91752

2.636	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	PEORIA MIDWEST EQUIPMENT INC
	State the term remaining	Buyer	4826 FARMVIEW RD
	List the contract number of any government contract	27 month(s)	PEORIA, IL 61604

2.637	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	PERRYS SMALL ENGINE
	State the term remaining	Buyer	1110 KINMUNDY RD
	List the contract number of any government contract	28 month(s)	LOUISVILLE, IL 62858

2.638	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	PHILLIPS HEAT & HARDWARE INC
	State the term remaining	N Buyer	1680 KY-40
	List the contract number of any government contract	28 month(s)	STAFFORDSVILLE, KY 41256

2.639	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	PICKREL INC
	State the term remaining	Buyer	326 S BICKETT BLVD
	List the contract number of any government contract	5 month(s)	LOUISBURG, NC 27549

2.640	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order	PLATFORA INC-706591
	State the term remaining	Buyer	1300 S EL CAMINO REAL 600
	List the contract number of any government contract		SAN MATEO, CA 94402

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2.641	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	PM TECHNOLOGIES LLC-269907 29395 WALL STREET WIXOM, MI 48393
	State the term remaining		
	List the contract number of any government contract		
2.642	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	POCONO TRACTOR & EQUIPMENT INC 34 N CRYSTAL STREET EAST STROUDSBURG, PA 18301
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.643	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	POPP'S OUTDOOR EQUIPMENT 722 DIX RD JEFFERSON CITY, MO 65109
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.644	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	POWER MOWER SALES 11340 SW 208TH DRIVE MIAMI, FL 33189
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.645	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	POWERED OUTDOOR EQUIPMENT 3160 INDUSTRAIL DR YUSA CITY, CA 95793
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.646	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PRATTS LAWN & GARDEN EQUIPMENT 1805 HISTORIC 66 W WAYRESVILLE, MO 65583
	State the term remaining	17 month(s)	
	List the contract number of any government contract		

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2.647	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PRECISION MECHANICS AND WOODWORK 134 JUBBS RD BATESVILLE, MS 38606
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.648	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PRECISION MECHANICS AND WOODWORK 134 TUBBS RD BATESVILLE, MS 38606
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.649	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PRECISION TOOL REPAIR & SHARPENING 4211 SUNSET LN 103 SHINGLE SPRINGS, CA 95682
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.650	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PRECISION TOOL REPAIR & SHARPENING 4211 SUNSET LN 103 SHINGLE SPRINGS, CA 95682
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.651	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PREFERRED SMALL ENGINE REPAIR 14982 FM2329 EUSTACE, TX 75124
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.652	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	PREMIER POWERSPORTS & TRACTOR 11991 RTE 422 HWY E PENN RUN, PA 15765
	State the term remaining	37 month(s)	
	List the contract number of any government contract		

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2.653

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PRESSURE SPRAY INC

4796 INTERSTATE DR

State the term remaining

17 month(s)

List the contract number of  
any government contract

CINNINATI, OH 45246

2.654

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PRIDE HARDWARE LLC

33 E SOUTH ST

State the term remaining

30 month(s)

List the contract number of  
any government contract

GENESEO, NY 14454

2.655

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PRO POWER

555 S UTAH AVE

State the term remaining

5 month(s)

List the contract number of  
any government contract

IDAHO FALLS, ID 83402

2.656

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PRO TURF LAWN & GARDEN CENTER

2682 HWY 70 WEST

State the term remaining

34 month(s)

List the contract number of  
any government contract

GOLDSBORO, NC 27530

2.657

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PRO-FIX POWER EQUIPMENT

136 NARROWS RD

State the term remaining

36 month(s)

List the contract number of  
any government contract

LARKSVILLE, PA 18651

2.658

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

PURPOSEFUL SOFTWARE LLC

8150 HANSEN ROAD NE

State the term remaining

9 month(s)

List the contract number of  
any government contract

BAINBRIDGE ISLAND, WA 98110

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2.659	State what the contract or lease is for and the nature of the debtor's interest	Sales Orders SALES AGREEMENT SELLER	QA PARTNERS LLC PO BOX 15780 420 QUEEN ANN AVE SEATTLE, WA 98116
	State the term remaining		
	List the contract number of any government contract		
2.660	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	QUALITY 122 LLC 2520 ANDERSONVILLE HWY CLINTON, TN 37716
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.661	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	QUALITY GARDEN & EQUIPMENT SALES 753 NORTH COLONY ROAD MERIDIEN, CT 06450
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.662	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	QUALITY RENTAL CENTERS INC 390 WOLCOTT STREET PAWTUCKET, RI 02860
	State the term remaining	31 month(s)	
	List the contract number of any government contract		
2.663	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	QUALITY TRUCK & EQUIPMENT CO 1201 E BELL ST BLOOMINGTON, IL 61704
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.664	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	QUINCY SMALL ENGINE REPAIR INC 255 COPELAND ST QUINCY, MA 02169
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.665	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	R & D MOWER & SNOWBLOWER SALES & SERVICE 507 W COMMERCIAL ST SUITE 6 EAST ROCHESTER, NY 14445
	State the term remaining	23 month(s)	
	List the contract number of any government contract		
2.666	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	R & M SMALL ENGINE REPAIR 3132 E MAIN ST ENDWELL, NY 13760
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.667	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	R & P WEBB ENTERPRISES INC 1411 WEST MAIN STREET FAIRFIELD, IL 62837
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.668	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	R&J SMALL ENGINES 1722 EAST CHESTER ST JACKSON, TN 38301
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.669	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	R.A. GROOMS & SON, LLC 260 WARD ST HIGHTSTOWN, NJ 08520
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.670	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RAMER SMALL ENGINE & POWERSPORTS 13088 SW PENINSULA RD HAYWARD, WI 54893
	State the term remaining	17 month(s)	
	List the contract number of any government contract		



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2.671	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RANDLEMAN ROAD ACE HARDWARE 3002 RANDLEMAN ROAD GREENSBORO, NC 27406
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.672	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RAYS ENGINE MACHINE 2360 TOGO ST EUREKA, CA 95501
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.673	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RAY'S LANDING STORAGE 2345 S GREEN RD LAKE CITY, MI 49651
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.674	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RAYTHEON PROFESSIONAL SERVICES LLC 1200 S JUPITER ROAD MS LB-CONTRACTOR GARLAND, TX 75042
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.675	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RC ENGINES 635 E 4TH ST PERO, NV 89512
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.676	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RCK MOWER REPAIR 313 MING ST WARRENSBURGH, MO 64093
	State the term remaining	17 month(s)	
	List the contract number of any government contract		

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2.677	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RED DESERT SALES INC 62 W MESQUITE BLVD MESQUITE, NV 89097
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.678	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RED RIDERS LLC 465 SPRING ST STE B WINDSOR LOCKS, CT 06096
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.679	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	REDING REPAIR LLC 2000 OLD COUNTY RD 34 PL BURNSVILLE, MO 55337
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.680	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	REDNECK OUTDOORS LLC 2125 NEW NATCHITOCHES ROAD WEST MONROE, LA 71292
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.681	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	REEDS OUTDOOR EQUIPMENT 8623 COL GLENN RD LITTLE ROCK, AR 72204
	State the term remaining	14 month(s)	
	List the contract number of any government contract		
2.682	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RELIABLE APPLIANCE REPAIR INC 220 BADEN STRASSE JASPER, IN 47546
	State the term remaining	30 month(s)	
	List the contract number of any government contract		

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2.683

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RELIABLE SMALL ENGINE REPAIR

2434 JUNCTION HWY

State the term remaining

28 month(s)

UNIT B

List the contract number of  
any government contract

KERRVILLE, TX 78028

2.684

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RELIABLE SMALL ENGINE REPAIR

2434 JUNCTION HYW UNIT B

State the term remaining

28 month(s)

List the contract number of  
any government contract

KERRVILLE, TX 78028

2.685

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

REYNOLDS LAWN & LEISURE INC

12902 SHWANEE MISSION PARKWAY

State the term remaining

34 month(s)

List the contract number of  
any government contract

SHAWNEE, KS 66216

2.686

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RG POWER EQUIPMENT INC

13237 NE 20TH ST

State the term remaining

19 month(s)

List the contract number of  
any government contract

BELLEVUE, WA 98005

2.687

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RICHARD LLC

4319 RANCHO REDONDO 3826

State the term remaining

5 month(s)

List the contract number of  
any government contract

ALBUQUERQUE, NM 87120

2.688

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RICK'S TOOL REPAIR

5959 STERLING DRIVE

State the term remaining

5 month(s)

List the contract number of  
any government contract

HOWELL, MI 48843

Debtor

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2.689

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

RICOH PRODUCTION PRINT SOLUTIONS-494138

P O BOX 644225

State the term remaining

List the contract number of  
any government contract

PITTSBURGH, PA 15264

2.690

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RINGGOLD POWER SPORTS

831 LAFAYETTE STREET

State the term remaining

31 month(s)

List the contract number of  
any government contract

RINGGOLD, GA 307366

2.691

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RINNELS RECREATIONAL REPAIR

7897 180TH AVE SE

State the term remaining

39 month(s)

List the contract number of  
any government contract

WAHPETON, ND 58075

2.692

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RIPLEY MARINE & SMALL ENGINE REPAIR

503 N SWIFT AVE

State the term remaining

22 month(s)

List the contract number of  
any government contract

GLENFIELD, MN 55355

2.693

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

RJ'S OUTDOOR POWER INC

6 W STATE STREET

State the term remaining

31 month(s)

List the contract number of  
any government contract

GRANBY, MA 01033

2.694

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

ROBERTS SMALL ENGINE SHOP

22765 DENTON VALLEY RD

State the term remaining

15 month(s)

List the contract number of  
any government contract

ROBINSON, VA 24211

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2.695	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROBINETTS SMALL ENGINE REPAIR 3010 BERNICE AVE RUSSELLVILLE, AR 72802
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.696	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROBINSONS HARDWARE 1 NICHOLAS RD FRAMINGHAM, MA 01701
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.697	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROBINSONS HARDWARE 1 NICHOLAS RD FRAMINGHAM, MA 01701
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.698	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROBINSONS HARDWARE 31 WASHINGTON ST HUDSON, MA 01749
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.699	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROBINSONS HARDWARE 1 NICHOLAS ROAD FRAMINGHAM, MA 01701
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.700	State what the contract or lease is for and the nature of the debtor's interest	Participation Agreement Participant	ROCKET TRAVEL 641 W LAKE ST 102 CHICAGO, IL 60661
	State the term remaining	32 month(s)	
	List the contract number of any government contract		

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2.701	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROMMEL EQUIPMENT SERVICES LLC 5990 S HWY 92 BLDG B HEREFORD, AZ 85615
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.702	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RON'S SMALL ENGINE SHOP PO BOX 4468 MIDLAND CITY, AL 36350
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.703	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROOTS SMALL ENGINE REPAIR 820 N 13TH SALINA, KS 67401
	State the term remaining	14 month(s)	
	List the contract number of any government contract		
2.704	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROUND FARM LLC 1602 S HWY 77 STE E KINGSVILLE, TX 78363
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.705	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROUND FARM LLC 1601 S HWY 77 STE E KINGSVILLE, TX 78363
	State the term remaining	29 month(s)	
	List the contract number of any government contract		
2.706	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ROUTE 22 SMALL ENGINE INC 3391 VENARD ROAD DOWNERS GROVE, IL 60515
	State the term remaining	39 month(s)	
	List the contract number of any government contract		

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2.707	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RPH ENTERPRISES LLC 6100 ST LAWRENCE CENTER SR 37 MASSENA, NY 13662
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.708	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RPH ENTERPRISES LLC 6100 ST LAWRENCE CENTER SR 37 MASSENA, NY 13662
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.709	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RSD MOTORSPORTS LLC 7918 NY-12 1 SHERBURNE, NY 13460
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.710	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	RTC INDUSTRIES INC-5090741 135 SOUTH LASALLE DEPT 1045 CHICAGO, IL 60674
	State the term remaining		
	List the contract number of any government contract		
2.711	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RTL FORESTRY PRODUCTS, INC 102 BUCKWALTER RD NEW WILMINGTON, PA 16142
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.712	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RUDY LLC PO BOX 3185 LASVEGAS, NM 87701
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.713	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RUDY'S APPLIANCES 2121 N MAIN ST TAYLOR, TX 76574
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.714	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	RUSTY NUT ENTERPRISES LLC 300 JOHN STARK HWY NEWPORT, NH 03773
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.715	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	S & D SMALL ENGINE REPAIR 617 N MERIDIAN SUITE A NEWTON, KS 67114
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.716	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	S & D SMALL ENGINE REPAIR 617 N MERIDIAN SUITE A NEWTON, KS 67114
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.717	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	S&P CUSTOMS LLC 550 WHITE DRIVE BATESVILLE, AR 72501
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.718	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SAM DURBIN REPAIR 2077 PENNINGTON ROAD WARRIOR, PA 16877
	State the term remaining	40 month(s)	
	List the contract number of any government contract		



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2.719	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SAN MATEO LAWN MOWER SHOP 760 S AMPHLETT BLVD SAN MATEO, CA 94402
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.720	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SAN MATEO LAWN MOWER SHOP 760 S AMPHLETT BLVD SAN MATEO, CA 94402
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.721	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SAP INDUSTRIES INC-41000973 P O BOX 822986 PHILADELPHIA, PA 19182
	State the term remaining		
	List the contract number of any government contract		
2.722	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SAVE-ON TOOLS 1410 LOVEJOY ST 3 SLOAN, NY 14212
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.723	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SAY'S AUTO AND LAWN CARE CENTER INC 755 N LIBERTY ROAD GROVE CITY, PA 16127
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.724	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SCHMIDT INC PO BOX 78 TROY GROVE, IL 61372
	State the term remaining	37 month(s)	
	List the contract number of any government contract		

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2.725	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SCHWARZ PAPER CO-1000628321 32062 COLLECTION CENTER DRIVE CHICAGO, IL 60693
	State the term remaining		
	List the contract number of any government contract		
2.726	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SCOOTER BROTHERS 219 RACETRACK RD NW FORT WALTON BEACH, FL 32547
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.727	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SCOTT ENTERPRISE 301 N PICKETT ST AUTAGAVILLE, AL 36003
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.728	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SCOTT EQUIPMENT COMPANY, LLC RR1 BOX 81 BIGGSVILLE, IL 61418
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.729	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	SCOTTSDALE INSURANCE COMPANY 500 W MONROE 30TH FLOOR CHICAGO, IL 60661
	State the term remaining	10 month(s)	
	List the contract number of any government contract		
2.730	State what the contract or lease is for and the nature of the debtor's interest	Insurance Policy Agreement Buyer	SCOTTSDALE INSURANCE COMPANY 501 W MONROE 30TH FLOOR CHICAGO, IL 60661
	State the term remaining	10 month(s)	
	List the contract number of any government contract		

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2.731

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SD ENTERPRISES LLC

505 N POPLAR ST

State the term remaining

29 month(s)

List the contract number of any government contract

NEWTON, KS 67114

2.732

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SD ENTERPRISES LLC

505 N POPLAR ST

State the term remaining

29 month(s)

List the contract number of any government contract

NEWTOWN, KS 67114

2.733

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS AUTHORIZED HOMETOWN STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60179

2.734

State what the contract or lease is for and the nature of the debtor's interest

Tax Agreement

Buyer

SEARS HOMETOWN & OUTLET STORES, INC.

3333 BEVERLY ROAD

State the term remaining

List the contract number of any government contract

HOFFMAN ESTATES, IL 60179

2.735

State what the contract or lease is for and the nature of the debtor's interest

Tax Agreement

Buyer

SEARS HOMETOWN & OUTLET STORES, INC.

3333 BEVERLY ROAD

State the term remaining

List the contract number of any government contract

HOFFMAN ESTATES, IL 60179

2.736

State what the contract or lease is for and the nature of the debtor's interest

Authorization Agreement

Service Provider

SEARS HOMETOWN AND OUTLET STORES, INC.

5500 TRILLIUM BLVD

State the term remaining

110 month(s)

List the contract number of any government contract

SUITE 501

HOFFMAN ESTATES, IL 60192

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2.737	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS HOMETOWN AND OUTLET STORES, INC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining	16 month(s)	
	List the contract number of any government contract		
2.738	State what the contract or lease is for and the nature of the debtor's interest	Separation Agreement Seller	SEARS HOMETOWN AND OUTLET STORES, INC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining		
	List the contract number of any government contract		
2.739	State what the contract or lease is for and the nature of the debtor's interest	Separation Agreement Seller	SEARS HOMETOWN AND OUTLET STORES, INC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining		
	List the contract number of any government contract		
2.740	State what the contract or lease is for and the nature of the debtor's interest	Supplemental Agreement Seller	SEARS HOMETOWN AND OUTLET STORES, INC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining		
	List the contract number of any government contract		
2.741	State what the contract or lease is for and the nature of the debtor's interest	Amendment No. 1 to Supplemental Agreement Seller	SEARS HOMETOWN AND OUTLET STORES, INC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining		
	List the contract number of any government contract		
2.742	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

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2.743	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

2.744	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

2.745	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

2.746	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

2.747	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

2.748	State what the contract or lease is for and the nature of the debtor's interest	Merchandising Agreement Seller	SEARS OUTLET STORES, LLC. 3333 BEVERLY RD HOFFMAN ESTATES, IL 60192
	State the term remaining	16 month(s)	
	List the contract number of any government contract		

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2.749

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60192

2.750

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60192

2.751

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60192

2.752

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60192

2.753

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60192

2.754

State what the contract or lease is for and the nature of the debtor's interest

Merchandising Agreement

Seller

SEARS OUTLET STORES, LLC.

3333 BEVERLY RD

State the term remaining

16 month(s)

List the contract number of any government contract

HOFFMAN ESTATES, IL 60179

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2.755	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SEARS SUPPLIER 1 22410 ALESSANDRO BLVD MORENO VALLEY, CA 92553
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.756	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SEARS SUPPLIER 2 W559 US HWY 10 MONDOVI, WI 54755
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.757	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SELECT SOURCE 26334 KIMBERLY RD KIMBERLY, ID 83341
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.758	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SELECT SOURCE 26334 KIMBERLY RD KIMBERLY, ID 83341
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.759	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SENSORMATIC ELECTRONICS CORP-695226 P O BOX 281021 ATLANTA, GA 30384
	State the term remaining		
	List the contract number of any government contract		
2.760	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SENTRY HOME MART INC 5105 WEST MARKET ST GREENSBORO, NC 27409
	State the term remaining	38 month(s)	
	List the contract number of any government contract		

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.761

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SERVICE RENT ALL

2706 W US HWY 80

State the term remaining

38 month(s)

List the contract number of any government contract

MINEOLA, TX 75773

2.762

State what the contract or lease is for and the nature of the debtor's interest

Subscription Agreement

Buyer

SERVICENOW INC-606219744

P O BOX 731647

State the term remaining

27 month(s)

List the contract number of any government contract

NONE

DALLAS, TX 75373

2.763

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement  
DRAFT AMENDMENT  
Buyer

SGT'S SMALL ENGINE SERVICE

14309 TOEPPERWEIN ROAD

State the term remaining

29 month(s)

List the contract number of any government contract

SAN ANTONIO, TX

2.764

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement  
Buyer

SHAKERTOWN SMALL ENGINE

95 ELOY ST

State the term remaining

5 month(s)

List the contract number of any government contract

PERRYVILLE, MO 63775

2.765

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement  
Buyer

SHARBONO REPAIR LLP

4762 76TH AVE NE

State the term remaining

29 month(s)

List the contract number of any government contract

DEVILS LAKE, ND 58301

2.766

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement  
Buyer

SHARPENING MECHANICS

2940 S BASCOM AVE

State the term remaining

18 month(s)

List the contract number of any government contract

SAN JOSE, CA 95124



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Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.767	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SHARPENING MECHANICS 2940 S BASCOM AVE SAN JOSE, CA 95124
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.768	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SHARPS SMALL ENGINES 8335 HWY 49 BROOKLAND, AR 72417
	State the term remaining	14 month(s)	
	List the contract number of any government contract		
2.769	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	SHUTTERSTOCK, INC. 350 FIFTH AVE 21ST FLOOR NEW YORK, NY 10018
	State the term remaining		
	List the contract number of any government contract		
2.770	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SIERRA SAW POWER EQUIPMENT CENTER 170 BORLAND AVE AUBURN, CA 98603
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.771	State what the contract or lease is for and the nature of the debtor's interest	Buyer	SILTRON EMERGENCY SYSTEMS-790850515 P O BOX 518 CRYSTAL LAKE, IL 60039
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.772	State what the contract or lease is for and the nature of the debtor's interest	License Agreement Licensee	SILVER BAY TECHNOLOGIES 100 ADAMS STREET DUNSTABLE, MA 01827
	State the term remaining	14 month(s)	
	List the contract number of any government contract		

Debtor

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Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.773

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

SIMON ROOFING & SHEET METAL CORP-340687

PO BOX 951109

State the term remaining

List the contract number of  
any government contract

CLEVELAND, OH 44193

2.774

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

SIMONS POWER EQUIPMENT, INC.

12119 VANOWEN ST

State the term remaining

19 month(s)

List the contract number of  
any government contract

NORTH HOLLYWOOD, CA 91605

2.775

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

SINGLE CYLINDER REPAIR - SAN CARLOS

870 BRANSTEN RD

State the term remaining

18 month(s)

List the contract number of  
any government contract

SAN CARLOS, CA 94070

2.776

State what the contract or  
lease is for and the nature  
of the debtor's interest

order form

Buyer

SIZMEK TECHNOLOGIES, INC.

State the term remaining

2 month(s)

List the contract number of  
any government contract

2.777

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

SLOANS SALES AND SERVICE

1005 NORTH BRIDGE ST

State the term remaining

5 month(s)

List the contract number of  
any government contract

LINDEN, MI 484510

2.778

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

SMALL ENGINE RECYCLING AND REPAIR LLC

14717 INDUSTRIAL RD

State the term remaining

17 month(s)

List the contract number of  
any government contract

OMAHA, NC 68144

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Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.779	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMALL ENGINE SERVICES 2530 N STATE STREET UNIT 1 BUNNELL, FL 32110
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.780	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMALL ENGINE SOLUTIONS 319 ISLAND CREEK RD PIKEVILLE, KY 41501
	State the term remaining	14 month(s)	
	List the contract number of any government contract		
2.781	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMALL ENGINE SPECIALIST OF TEXARKANA 1223 SPRUCE ST TEXARKANA, TX 70551
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.782	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMALL LOADS PLUS 17750 CHAROLAIS ROAD FOLEY, AL 36535
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.783	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMITH SMALL ENGINE & WELDING 2431 HWY 589 HATTIESBURG, MS 34407
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.784	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SMITHERMAN'S HARDWARE & EQUIPMENT INC 1305 LEWISVILLE CLEMMONS RD LEWISVILLE, NC 27023
	State the term remaining	39 month(s)	
	List the contract number of any government contract		

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2.785	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order	SOFTWARE ONE INC-121593552
		Buyer	20875 CROSSROADS CIRCLE STE 1
	State the term remaining		
	List the contract number of any government contract		WAUKESHA, WI 53186

2.786	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	SOUTH PARK HARDWARE LLC
		Buyer	16074 SOUTH PARK AVE
	State the term remaining	17 month(s)	
	List the contract number of any government contract		SOUTH HOLLAND, IL 60473

2.787	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	SOUTH PARK YARD EQUIPMENT
		Buyer	3600 SOUTH PARK AVE
	State the term remaining	28 month(s)	
	List the contract number of any government contract		BLASDELL, NY 14219

2.788	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	SOUTHCOST POWER EQUIPMENT
		Buyer	5938 AMERICAN LEGION HWY
	State the term remaining	31 month(s)	
	List the contract number of any government contract		WESTPORT, MA 02790

2.789	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	SOUTHERN STATES CARROLL COUNTY COOPERATIVE INC
		Buyer	505 E STUART DR
	State the term remaining	37 month(s)	PO BOX 98
	List the contract number of any government contract		HILLSVILLE, VA 24343

2.790	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order	SOVOS COMPLIANCE LLC-56505900
		Buyer	P O BOX 347977
	State the term remaining		
	List the contract number of any government contract		PITTSBURGH, PA 15251

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.791	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SPECTRAFLOW INC-137427428 46 DIGITAL DRIVE SUITE 5 NOVATO, CA 94949
	State the term remaining		
	List the contract number of any government contract		
2.792	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SPITZER INDUSTRIAL PRODUCTS COMPANY INC 6601 N WASHINGTON ST DENVER, CO
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.793	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SPS COMMERCE INC-1000779017 P O BOX 205782 DALLAS, TX 75320
	State the term remaining		
	List the contract number of any government contract		
2.794	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ST GABRIEL HARDWARE 2045 HIGHWAY 20 ST GABRIEL, LA 70776
	State the term remaining	37 month(s)	
	List the contract number of any government contract		
2.795	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	STAHL SALES & SERVICE 697 SNELLS BUSH RD LITTLE FALLS, NY 13365
	State the term remaining	9 month(s)	
	List the contract number of any government contract		
2.796	State what the contract or lease is for and the nature of the debtor's interest	Sales Agreement for Craftsman Seller	STANLEY BLACK & DECKER, INC. 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
	State the term remaining	17 month(s)	
	List the contract number of any government contract		

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.797	State what the contract or lease is for and the nature of the debtor's interest	License Agreement Licensee	STANLEY BLACK & DECKER, INC. 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
	State the term remaining		
	List the contract number of any government contract		
2.798	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	STARR INDEMNITY & LIABILITY COMPANY 399 PARK AVENUE 24TH FLOOR NEW YORK, NY 10022
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.799	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	STARR SURPLUS LINES INSURANCE COMPANY 500 WEST MONROE STREET SUITE 3100 CHICAGO, IL 60661
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.800	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	STAUFFER'S LAWN EQUIPMENT
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.801	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	STEEL CITY MOWER AND PLOW INC 4162 LIBRARY ROAD PITTSBURGH, PA 15234
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.802	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	STEPHENS AUTOMOTIVE & DIESEL REPAIR 608 N MAIN STREET PARIS, TX 75460
	State the term remaining	38 month(s)	
	List the contract number of any government contract		

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Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.803

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

STERLING MOBILE SERVICES INC-409631

3618 E SOUTHERN AVE STE 1

State the term remaining

List the contract number of any government contract

PHOENIX, AZ 85040

2.804

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

STEVES OUTDOOR SPORTS INC

606 W MAIN ST

State the term remaining

29 month(s)

List the contract number of any government contract

MAGNOLIA, AR 71753

2.805

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

STOLLER LAWN & GARDEN INC

10355 BACK ORRVILLE RD

State the term remaining

38 month(s)

List the contract number of any government contract

ORRVILLE, OH 44667

2.806

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

STONER'S SMALL ENGINE SHOP

780 W COLLEGE AVE

State the term remaining

38 month(s)

List the contract number of any government contract

BELLEFONTE, PA 16823

2.807

State what the contract or lease is for and the nature of the debtor's interest

Service Contract

Buyer

STRATASYS INC

7665 COMMERCE WAY

State the term remaining

5 month(s)

List the contract number of any government contract

EDEN PRAIRIE, MN 55344

2.808

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement. Applies to the Debtor's Affiliates

Buyer

STRATFORD INSURANCE COMPANY (VALIDUS)

4 WORLD TRADE CENTER 150 GREENWICH 47 FLOOR

State the term remaining

7 month(s)

List the contract number of any government contract

NEW YORK, NY 10007

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.809

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

STRIPE, INC.

185 BERRY ST

State the term remaining

STE 550

List the contract number of any government contract

SAN FRANCISCO, CA 94107

2.810

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

SUGARCRM INC-168338536

DEPT LA 23968

State the term remaining

List the contract number of any government contract

PASADENA, CA 91185

2.811

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

SUMMIT GROUP LLC-964004233

DIVISION 40 8252 SOLUTIONS CTR

State the term remaining

List the contract number of any government contract

CHICAGO, IL 60677

2.812

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SUN GARDEN SUPPLIES

8611 LANKERSHIN BLVD

State the term remaining

19 month(s)

List the contract number of any government contract

SUN VALLEY, CA 91352

2.813

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SUN RENTAL CENTER

400 EAST FRONT STREET

State the term remaining

28 month(s)

List the contract number of any government contract

BUTTE, MT 59701

2.814

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SUN RENTAL CENTER

400 EAST FRONT STREET

State the term remaining

28 month(s)

List the contract number of any government contract

BUTTE, MT 59701



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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.815	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SUNCREST RENTAL CENTER 13305 W MEADOWVIEW LN NINE MILE FALLS, WA 99026
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.816	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SUNDOWN EQUIPMENT 1814 LAKETA ST UNION GAP, WA 98903
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.817	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SUNNY DIRECT LLC-1137626508 3540 SEVEN BRIDGES DR STE 160 WOODRIDGE, IL 60615
	State the term remaining		
	List the contract number of any government contract		
2.818	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	SUNSET LEARNING INSTITUTE-809460553 12120 SUNSET HILLS RD STE 100 RESTON, VA 20190
	State the term remaining		
	List the contract number of any government contract		
2.819	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SUPERIOR LAWN MOWER CENTER 17968 SAN BERNARDINO FONTANA, CA 92335
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.820	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	SUZ CO 901 W MORTON JACKSONVILLE, FL 67650
	State the term remaining	36 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.821

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SW RIEDER LLC

150 HOCKING MALL

State the term remaining

19 month(s)

List the contract number of any government contract

LOGAN, OH 43138

2.822

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SWAN LAKE HARDWARE

4605 SHED ROAD

State the term remaining

39 month(s)

List the contract number of any government contract

BOSSIER CITY, LA 71111

2.823

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

Buyer

SWISSTRAX CORPORATION-714665

82579 FLEMING WAY SUITE A

State the term remaining

List the contract number of any government contract

INDIO, CA 92201

2.824

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

SYLACAUGA SMALL ENGINE REPAIR

702 W FORT WILLIAMS ST

State the term remaining

33 month(s)

List the contract number of any government contract

SYLACAUGA, AL 35150

2.825

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

T & M OLSON INC

5W 3RD ST

State the term remaining

18 month(s)

List the contract number of any government contract

IVIL FALLS, MN 56649

2.826

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

T C HOWELL LLC

7208 S WW WHITE ROAD

State the term remaining

28 month(s)

List the contract number of any government contract

SAN ANTONIO, TX 78222

Debtor

SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.827

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

T C HOWELL LLC

1214 ROUND ISLAND DRIVE

State the term remaining

28 month(s)

List the contract number of any government contract

KENDALVILLE, IN 46755

2.828

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

T&D REPAIR LLC

350 LULA B WOODS

State the term remaining

36 month(s)

List the contract number of any government contract

OSYKA, MS 39657

2.829

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

T.K. MAJOR LLC

11010 EAST SCENIC RIVERS BLVD

State the term remaining

19 month(s)

List the contract number of any government contract

SALEM, MO 65560

2.830

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

TANNER'S SMALL ENGINE REPAIR LLC

548 N POPLAR ST

State the term remaining

35 month(s)

List the contract number of any government contract

CENTRALIA, IL 65801

2.831

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

TAYLOR LLC

144 CRYSTAL COVE

State the term remaining

5 month(s)

List the contract number of any government contract

ACKADELPHIA, AR 71923

2.832

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

TAYLOR RENTAL SALES & SERVICE

1448 ROUTE 7 SOUTH

State the term remaining

32 month(s)

List the contract number of any government contract

MIDDLEBURY, VT 05753

Debtor SEARS HOLDINGS CORPORATION  
Name

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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

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2.833	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TAYLOR VISUAL GROUP LLC-703143 770 NORTH CHURCH ROAD UNIT C ELMHURST, IL 60126
	State the term remaining		
	List the contract number of any government contract		
2.834	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TECH INTERNATIONAL-1004293569 PO BOX 636470 CINCINNATI, OH 45263
	State the term remaining		
	List the contract number of any government contract		
2.835	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TELECHECK SERVICES, INC. 5565 GLENRIDGE CONNECTOR NE ATLANTA, GA 30342
	State the term remaining	9 month(s)	
	List the contract number of any government contract		
2.836	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TELESOURCE-175199264 156 BEELINE DRIVE BENSENVILLE, IL 60106
	State the term remaining		
	List the contract number of any government contract		
2.837	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TELLERMATE INC-1956160915 3600 MANSELL RD STE 500 ALPHARETTA, GA 30022
	State the term remaining		
	List the contract number of any government contract		
2.838	State what the contract or lease is for and the nature of the debtor's interest	Consumer Lease Program Agreement Buyer	TEMPOE, LLC, D/B/A WHY NOT LEASE IT ("TEMPOE") 7755 MONTGOMERY RD SUITE 250 CINCINNATI, OH 45236
	State the term remaining	45 month(s)	
	List the contract number of any government contract		

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2.839	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TENSATOR INC-1002034379 BAY SHORE 260 SPUR DR S BAY SHORE, NY 11706
	State the term remaining		
	List the contract number of any government contract		
2.840	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TERRY'S SERVICE CENTER LLC 2200 GOVERNMENT ST OCEAN SPRINGS, MD 39564
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.841	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TERRY'S SMALL ENGINE SERVICE 4529 SOUTH 90TH ST OMAHA, NC 68127
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.842	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TEST NEW SUPPLIER 3139 ENTERPRISE DRIVE SAGINAW, MI 48603
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.843	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TEST NEW SUPPLIER 211 S RAILROAD MCNABB, IL 61335
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.844	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TEST NEW SUPPLIER 130 BLAIR LN MENA, AR 71953
	State the term remaining	36 month(s)	
	List the contract number of any government contract		

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2.845	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TEST NEW SUPPLIER 2019 W RT 17 KANKAKEE, IL 60901
	State the term remaining	40 month(s)	
	List the contract number of any government contract		
2.846	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	THE BRICKMAN GROUP LTD 230 NORTH WESTERN AVE CHICAGO, IL 60612
	State the term remaining	1 month(s)	
	List the contract number of any government contract		
2.847	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	THE MOWER SHOP 1825 EAST ARMY POST RD DES MAINES, IA 50320
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.848	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	THE MOWERS EDGE INC 2980 N SUNNYSIDE 101 FRESNO, CA 93727
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.849	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	THE POWER CENTER 534 S WASHINGTON STREET KIMBERLY, WI 54136
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.850	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	THIESSEN COMMUNICATIONS-1130459873 P O BOX 7251 PROSPECT HEIGHTS, IL 60070
	State the term remaining		
	List the contract number of any government contract		

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2.851	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	THOMSON'S GARDEN CENTER 61 JEFFERSON AVE SALEM, MA 01970
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.852	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TIGER ISLAND HARDWARE LLC 7393 HWY 182E MORGAN CITY, LA 70380
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.853	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TILMANN HARDWARE 1963 N WINN RD MOUNT PLEASANT, MI 48858
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.854	State what the contract or lease is for and the nature of the debtor's interest	License Agreement Licensor	TJ&H CHILLUNS, LTD. 4900 NORTH WEIR DRIVE MUNCIE, IN 47304
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.855	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TK SNYDER LLC 3533 MAIN ST 3 KEOKUK, IA 52632
	State the term remaining	34 month(s)	
	List the contract number of any government contract		
2.856	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TK SNYDER LLC 3522 MAIN ST 3 KEOKUK, IA 52632
	State the term remaining	34 month(s)	
	List the contract number of any government contract		

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2.857	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	T-N-D SALES SERVICE & DESIGN 429 N HWY 81 BYPASS MACPHERRON, KS 67460
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.858	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	TOKIO MARINE AMERICA INSURANCE COMPANY 800 E COLORADO BLVD PASADENA, CA 91101
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.859	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOMS SMALL ENGINE REPAIR 16562 HWY 90 W RAVENDEN SPAR, AR 72460
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.860	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOOL YARD LLC 3923 ABBOTT DRIVE WILLMAR, MN 56201
	State the term remaining	41 month(s)	
	List the contract number of any government contract		
2.861	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOP DOG LAWN CARE INC 701 12 SW 1 ST WASHINGTON, IN 47501
	State the term remaining	28 month(s)	
	List the contract number of any government contract		
2.862	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOP DOG LAWN CARE INC 701 12 SW 1ST ST WASHINGTON, TN 47501
	State the term remaining	28 month(s)	
	List the contract number of any government contract		



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2.863	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWERS WATSON 901 N GLEBE ROAD ARLINGTON, VA 22203
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.864	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWERS WATSON 901 N GLEBE ROAD ARLINGTON, VA 22203
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.865	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWERS WATSON DELAWARE INC 901 N GLOBE ROAD ARLINGTON, VA 22203
	State the term remaining	15 month(s)	
	List the contract number of any government contract		
2.866	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWERS WATSON INVESTMENT SERVICES INC 233 S WACKER DRIVE CHICAGO, IL 60606
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.867	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWERS WATSON INVESTMENT SERVICES INC 233 S WACKER DRIVE CHICAGO, IL 60606
	State the term remaining	26 month(s)	
	List the contract number of any government contract		
2.868	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWN & COUNTRY 610 S MARKET ST WATERLOO, IL 62298
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

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2.869	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWN AND COUNTRY INC 610 S MARKET ST WATERLOO, IL 62298
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.870	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TOWNLIN POWER EQUIPMENT COMPANY INC 870 S MAIN ST BELLINGHAM, MA 02019
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.871	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRACTOR JOE'S SERVICE & REPAIR 2349 PENNINGTON ROAD PENNINGTON, NJ 08534
	State the term remaining	50 month(s)	
	List the contract number of any government contract		
2.872	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRACTORS 2 TRIMMERS LLC 1072 RT 171 WOODSTOCK, CT 06281
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.873	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TREASURE EXCHANGE 614 RIVERSIDE DR SW ALBUQUERQUE, NM 87105
	State the term remaining	30 month(s)	
	List the contract number of any government contract		
2.874	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRESTLE TOOL P O BOX 337 72399 US HWY 40 TABERNASH, CO 80478
	State the term remaining	20 month(s)	
	List the contract number of any government contract		

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2.875	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRIAD LAWN MOWER SALES & SERVICE INC 4200 N CHERRY ST WINSTON-SALEM, NC 27105
	State the term remaining	39 month(s)	
	List the contract number of any government contract		
2.876	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRIMALAWN EQUIPMENT INC 2081 VICTORY BLVD STATEN ISLAND, NY 10314
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.877	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRIMALAWN EQUIPMENT INC 2081 VICTORY BLVD STATEN ISLAND, NY 10314
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.878	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TROPICAL LAWNMOWERS 10798 SW 24TH ST MIAMI, FL 33165
	State the term remaining	20 month(s)	
	List the contract number of any government contract		
2.879	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TRUE FOOD SERV EQUIP INC-377481 P O BOX 790100 DEPT 456139 ST LOUIS, MO 63179
	State the term remaining		
	List the contract number of any government contract		
2.880	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TRUE VALUE HARDWARE OF GREENVILLE 700 S GREENVILLE WEST DR STE 7 GREENVILLE, MI 48838
	State the term remaining	35 month(s)	
	List the contract number of any government contract		

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2.881	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TURF & GARDEN INC P O BOX 1326 CHESAPEAKE, VA 23327
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.882	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TURF PROS LAWN EQUIPMENT, INC. 111 EXECUTIVE DR SALTILLO, MS 38866
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.883	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	TWILIO INC-9370111 645 HARRISON STREET 3RD FLOOR SAN FRANCISCO, CA 94107
	State the term remaining		
	List the contract number of any government contract		
2.884	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TWIN LAKE MOWER REPAIR SERVICE P O BOX 46 TWIN LAKE, MI 49457
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.885	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	TYLER FARMS LLC 36 SOUTH VALLEY AVE PO BOX 648 COLLINSVILLE, AL 35961
	State the term remaining	27 month(s)	
	List the contract number of any government contract		
2.886	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	UHLS FEED & SMALL ENGINE LLC 360 VALLEY RD CORYDON, IN 47112
	State the term remaining	38 month(s)	
	List the contract number of any government contract		

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2.887	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	ULINE LAWN EQUIPMENT 290 W SAUK TRAIL SO CHICAGO, IL 60411
	State the term remaining	38 month(s)	
	List the contract number of any government contract		
2.888	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	UNCLASSIFIED 7 MELANIE LN UNIT 4 EAST HANOVER, NJ 07936
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.889	State what the contract or lease is for and the nature of the debtor's interest	Software Support Agreement - Notice of Expiration Buyer	UNIMAX 121 SOUTH 8TH STREET SUITE 1000 MINNEAPOLIS, MN 55402
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.890	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	UNIQUE LAWN CARE LLC 308 JACOB ST KITTANING, PA 16201
	State the term remaining	35 month(s)	
	List the contract number of any government contract		
2.891	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	UNIVERSAL POWER EQUIPMENT INC 3812 COLESUM BLVD ALEXANDRIA, LA 71303
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.892	State what the contract or lease is for and the nature of the debtor's interest	Pricing Agreement Buyer	UPS FREIGHT PO BOX 1216 RICHMOND, VA 23218
	State the term remaining	3 month(s)	
	List the contract number of any government contract		

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2.893	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	UPS PROFESSIONAL SERVICES INC. 12380 MORRIS ROAD ALPHARETTA, GA 30005
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.894	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	USGAARD SMITH SALES & SERVICE 302 COLLEGE DRIVE DECORAH, IA 52101
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.895	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	V&M RENTAL CENTER 520 FORT HILL RD GORHAM, ME 04038
	State the term remaining	33 month(s)	
	List the contract number of any government contract		
2.896	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VAC-WAY LAWN & GARDEN LLC 595 MARKET ST KINGSTON, PA 18704
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.897	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	VALID USA INC-1000459149 220 FENCL LANE HILLSIDE, IL 60162
	State the term remaining		
	List the contract number of any government contract		
2.898	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VALLEY OUTDOOR POWER EQUIPMENT 1012 E 495 FERGUSON PLANO, TX 78577
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.899	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VALLEY SCOOTERS OF TEXAS 1748 CENTRAL BLVD BROWNSVILLE, TX 78520
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.900	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VALLEY SCOOTERS OF TEXAS 1748 CENRAL BLVD BROWNSVILLE, TX 78520
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.901	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	VALVOLINE LLC-1000580829 PO BOX 117131 ATLANTA, GA 30368
	State the term remaining		
	List the contract number of any government contract		
2.902	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	VESTCOM RETAIL SOLUTIONS-528893 P O BOX 416225 BOSTON, MA 02241
	State the term remaining		
	List the contract number of any government contract		
2.903	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VITAL PAK COURIER & LOGISTICS CO-77615648 2021 MIDWEST ROAD SUITE 200 OAK BROOK, IL 60523
	State the term remaining	23 month(s)	
	List the contract number of any government contract		
2.904	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VITOS LAWN MOWER LLC 16020 N 32ND ST PHOENIX, AZ 85032
	State the term remaining	18 month(s)	
	List the contract number of any government contract		

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2.905	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	VOLK CORPORATION-613885 23936 INDUSTRIAL PARK DRIVE FARMINGTON HILLS, MI 48335
	State the term remaining		
	List the contract number of any government contract		

2.906	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	VONDERAHE'S SELECT EQUIPMENT REPAIR, LLC 815 BLUE RIDGE RD COLUMBIA, MO 65202
	State the term remaining	19 month(s)	
	List the contract number of any government contract		

2.907	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	W.D. BRYANT & SON INC 1405 S MAIN STCORBIN, KY 40701
	State the term remaining	18 month(s)	
	List the contract number of any government contract		

2.908	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WADE INC 2690 SUNSET DRIVE GRENADA, MS 38901
	State the term remaining	28 month(s)	
	List the contract number of any government contract		

2.909	State what the contract or lease is for and the nature of the debtor's interest	Purchase Order Buyer	WALKER PRINTERY INC-203158 13351 CLOVERDALE OAK PARK, MI 48237
	State the term remaining		
	List the contract number of any government contract		

2.910	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WALT'S POWER EQUIPMENT REPAIR 125 WEST ST COLUMBIA, CT 06237
	State the term remaining	32 month(s)	
	List the contract number of any government contract		



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2.911

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WAMPEE EQUIPMENT

9317 HIGHWAY 90

State the term remaining

29 month(s)

List the contract number of any government contract

LONGSHORRY, SC 29568

2.912

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WARES DEALER STORES DBA SEARS OF ELKINS

1611 HARRISON AVE

State the term remaining

34 month(s)

List the contract number of any government contract

ELKINS, WV 26241

2.913

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WAYLAND OUTDOOR POWER

200 COMMERCE

State the term remaining

35 month(s)

List the contract number of any government contract

WAYLAND, MI 49348

2.914

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WEB'S SMALL ENGINE LAWN MOWER REPAIR

5608 B SW TOPEKA BLVD

State the term remaining

18 month(s)

List the contract number of any government contract

TOPEKA, KS 66609

2.915

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WELDEN HARDWARE

10 STATION DR

State the term remaining

43 month(s)

List the contract number of any government contract

SIMSBURY, CT 06070

2.916

State what the contract or lease is for and the nature of the debtor's interest

Services Agreement

Buyer

WELLSPRING ENTERPRISES LLC

6623 RICHMOND RD

State the term remaining

5 month(s)

List the contract number of any government contract

WILLIAMSBURG, VA 23188

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2.917	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WEST MESA FORESTRY & GARDEN LLC 300 FRONTAGE RD RIO RANCHO, NM 87124
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.918	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WEST SIDE SMALL ENGINE REPAIR 1605 CARR ST LAKEWOOD, CO 80214
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.919	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WESTERN AUTO JACKSON 259 CHILLICOTHE ST JACKSON, OH 45640
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.920	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	WESTPORT INSURANCE CORPORATION 222 WEST ADAMS STREET SUITE 2300 CHICAGO, IL 60606
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.921	State what the contract or lease is for and the nature of the debtor's interest	Lease Lessee	WEWORK COMPANIES, INC. 115 WEST 18TH STREET 5TH FLOOR NEW YORK, NY 10011
	State the term remaining	3 month(s)	
	List the contract number of any government contract		
2.922	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WF SMITHERS CO INC 30773 DROUILLARD RD WALBRIDGE, OH 43465
	State the term remaining	35 month(s)	
	List the contract number of any government contract		

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2.923	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement Buyer	WGSN INC 229 WEST 43RS ST 7TH FLOOR NEW YORK, NY 10036
	State the term remaining	6 month(s)	
	List the contract number of any government contract		
2.924	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WHISPERING PINE LANDSCAPE SUPPLY 1 WINDSOR RD YORKTOWN HEIGHTS, NY 10598
	State the term remaining	36 month(s)	
	List the contract number of any government contract		
2.925	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WHITES SMALL ENGINE REPAIR 957-A DRIFTWOOD DRIVE MANTEO, NC 27954
	State the term remaining	5 month(s)	
	List the contract number of any government contract		
2.926	State what the contract or lease is for and the nature of the debtor's interest	Sales Confirmation Letter Buyer	WHY NOT LEASE, IT (TEMPOE) 1200 ELM STREET SUITE 1200 MANCHESTER, NH 03104
	State the term remaining	46 month(s)	
	List the contract number of any government contract		
2.927	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WHY NOT LEASING LLC 7755 MONTGOMERY RD SUITE 250 CINCINNATI, OH 45236
	State the term remaining	45 month(s)	
	List the contract number of any government contract		
2.928	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILKES APPLIANCE CENTER LLC 703 EDGEWOOD RD WILKESHORE, NC 28697
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

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2.929	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILKIE & WILKIE LLC 222 VIOLET LANE COATS, NC 27521
	State the term remaining	22 month(s)	
	List the contract number of any government contract		
2.930	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILLIES SMALL ENGINE 308 W PERRINE ST JOHNSON CITY, IL 62951
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.931	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILLIES SMALL ENGINE 308 W PERRINE ST JOHNSON CITY, IL 62951
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.932	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILSON LAWN & GARDEN LLC 3720 FRANKLIN TURNPIKE DANVILLE, VA 24540
	State the term remaining	17 month(s)	
	List the contract number of any government contract		
2.933	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WILSON SMALL ENGINE 2423 E SPRAQUE AVE SPOKANE VALLEY, WA 99202
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.934	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WOOD CHOPPER'S SUPPLY 40451 HWY 41 OAKHURST, CA 93644
	State the term remaining	31 month(s)	
	List the contract number of any government contract		

Debtor

SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.935

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

WOOD CHOPPER'S SUPPLY

40451 CALIFORNIA HWY 41

State the term remaining

31 month(s)

List the contract number of  
any government contract

OAKHURST, CA 93644

2.936

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

WOOD CHOPPER'S SUPPLY

40451 HWY 41

State the term remaining

18 month(s)

List the contract number of  
any government contract

OAKHURST, CA 93644

2.937

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

WOOD SMALL ENGINE REPAIR LLC

138 LONG HWY

State the term remaining

31 month(s)

List the contract number of  
any government contract

LITTLE COMPTON, RI 02837

2.938

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

WOODS EQUIPMENT INC

3746 1-55 SOUTH

State the term remaining

35 month(s)

List the contract number of  
any government contract

JACKSON, MS 39212

2.939

State what the contract or  
lease is for and the nature  
of the debtor's interest

Services Agreement

Buyer

WORKMAN SMALL ENGINE REPAIR

21471 S JUBB RD

State the term remaining

19 month(s)

List the contract number of  
any government contract

ESTACADA, OR 97023

2.940

State what the contract or  
lease is for and the nature  
of the debtor's interest

Purchase Order

Buyer

WORLDLINK INTEGRATION GROUP INC-1096256016

21076 BAKE PARKWAY STE 106

State the term remaining

List the contract number of  
any government contract

LAKE FOREST, CA 92630

Debtor SEARS HOLDINGS CORPORATION  
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**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.941	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WRIGHT TRACTORS LLC 8725 NE 23RD ST OKLAHOMA CITY, OK 73141
	State the term remaining	23 month(s)	
	List the contract number of any government contract		
2.942	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WRIGHTS TOOL SALES, RENTAL & SERVICE LLC 40 MAPLE ST MASSENA, NY 13662
	State the term remaining	32 month(s)	
	List the contract number of any government contract		
2.943	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WRR NORTHWEST ENTERPRISES CO INC 5100 RYDER RD EAU CLAIRE, WI 54701
	State the term remaining	19 month(s)	
	List the contract number of any government contract		
2.944	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement Buyer	WUEBBELS REPAIR LLC RR3 BOX 184 MCLEANSBORO, IL 62859
	State the term remaining	18 month(s)	
	List the contract number of any government contract		
2.945	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	XL BERMUDA LTD. AXA XL INSURANCE BERMUDA LTD O&A™HARA HOUSE ONE BERMUDIAN/ HAMILTON HM08
	State the term remaining	8 month(s)	
	List the contract number of any government contract		
2.946	State what the contract or lease is for and the nature of the debtor's interest	Property Policy Agreement. Applies to the Debtor's Affiliates Buyer	XL CATLIN (LLOYDS SYNDICATE 2003) COMPLAINTS MANAGER XL CATLIN SYNDICATE 2003 20 GRACECHURCH S THE FINANCIAL OMBUDSMAN SERVICEEXCHANGE TOWER LONDON E14 9 LONDON, ENGLAND EC3V OBG
	State the term remaining	5 month(s)	
	List the contract number of any government contract		

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.947

State what the contract or lease is for and the nature of the debtor's interest

Insurance Policy Agreement. Applies to the Debtor's Affiliates

XL SPECIALTY INSURANCE COMPANY

Buyer

190 S LASALLE ST

State the term remaining

7 month(s)

List the contract number of any government contract

CHICAGO, IL 60603

2.948

State what the contract or lease is for and the nature of the debtor's interest

Purchase Order

ZELLER MARKETING & DESIGN-841679434

Buyer

322 NORTH RIVER STREET

State the term remaining

List the contract number of any government contract

EAST DUNDEE, IL 60118

2.949

State what the contract or lease is for and the nature of the debtor's interest

Property Policy Agreement. Applies to the Debtor's Affiliates

ZURICH AMERICAN INSURANCE COMPANY

Buyer

300 SOUTH RIVERSIDE PLAZA SUITE 2100

State the term remaining

8 month(s)

List the contract number of any government contract

CHICAGO, IL 60606

Fill in this information to identify the case:

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern District of: New York

Case number (If known): 18-23538

☐ Check if this is an amended filing

Official Form 206 H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively. Attach the additional page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes.

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 A&E FACTORY SERVICE LLC

3333 BEVERLY ROAD

Street

HOFFMAN ESTATES, IL 60179

City, State, Zip Code

BANK OF AMERICA

☒ D  
☐ E/F  
☐ G

2.2 A&E FACTORY SERVICE LLC

3333 BEVERLY ROAD

Street

HOFFMAN ESTATES, IL 60179

City, State, Zip Code

CITIBANK NA AS ADMINISTRATIVE AGENT

☒ D  
☐ E/F  
☐ G

2.3 A&E FACTORY SERVICE LLC

3333 BEVERLY ROAD

Street

HOFFMAN ESTATES, IL 60179

City, State, Zip Code

JPP LLC

☒ D  
☐ E/F  
☐ G

2.4 A&E FACTORY SERVICE LLC

3333 BEVERLY ROAD

Street

HOFFMAN ESTATES, IL 60179

City, State, Zip Code

WILMINGTON TRUST AS TRUSTEE

☒ D  
☐ E/F  
☐ G



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column 1: Codebtor**

**Column 2: Creditor**

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.5 A&E FACTORY SERVICE LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

PENSION BENEFIT GUARANTY CORPORATION

☐ D  
☒ E/F  
☐ G

2.6 A&E HOME DELIVERY LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

BANK OF AMERICA

☒ D  
☐ E/F  
☐ G

2.7 A&E HOME DELIVERY LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

CITIBANK NA AS ADMINISTRATIVE AGENT

☒ D  
☐ E/F  
☐ G

2.8 A&E HOME DELIVERY LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

JPP LLC

☒ D  
☐ E/F  
☐ G

2.9 A&E HOME DELIVERY LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

WILMINGTON TRUST AS TRUSTEE

☒ D  
☐ E/F  
☐ G

2.10 A&E HOME DELIVERY LLC  
3333 BEVERLY ROAD  
Street  
HOFFMAN ESTATES, IL 60179  
City, State, Zip Code

PENSION BENEFIT GUARANTY CORPORATION

☐ D  
☒ E/F  
☐ G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Codebtors**

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**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.11	A&E LAWN & GARDEN LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12	A&E LAWN & GARDEN LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13	A&E LAWN & GARDEN LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14	A&E LAWN & GARDEN LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15	A&E LAWN & GARDEN LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.16	A&E SIGNATURE SERVICE LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
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Case number (if known) 18-23538

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**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.17	A&E SIGNATURE SERVICE LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18	A&E SIGNATURE SERVICE LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19	A&E SIGNATURE SERVICE LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20	A&E SIGNATURE SERVICE LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.21	BIG BEAVER OF FLORIDA DEVELOPMENT LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22	BIG BEAVER OF FLORIDA DEVELOPMENT LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.23	BLUELIGHTCOM INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.24	CALIFORNIA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25	CALIFORNIA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26	CALIFORNIA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27	CALIFORNIA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28	CALIFORNIA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Column 1: Codebtor**

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	Name	Mailing Address	Name	Check all schedules that apply:
2.29	FBA HOLDINGS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30	FBA HOLDINGS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31	FBA HOLDINGS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32	FBA HOLDINGS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33	FBA HOLDINGS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.34	FLORIDA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
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**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.35	FLORIDA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36	FLORIDA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37	FLORIDA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38	FLORIDA BUILDER APPLIANCES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.39	INNOVEL SOLUTIONS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40	INNOVEL SOLUTIONS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
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**Column 1: Codebtor**

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	Name	Mailing Address	Name	Check all schedules that apply:
2.41	KBL HOLDING INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.42	KLC INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43	KLC INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44	KLC INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45	KLC INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46	KLC INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Column 1: Codebtor**

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	Name	Mailing Address	Name	Check all schedules that apply:
2.47	KMART CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48	KMART CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49	KMART CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50	KMART CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51	KMART CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.52	KMART HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.53	KMART HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54	KMART HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55	KMART HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56	KMART HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.57	KMART OF MICHIGAN INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58	KMART OF MICHIGAN INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

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**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.59	KMART OF MICHIGAN INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60	KMART OF MICHIGAN INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61	KMART OF MICHIGAN INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.62	KMART OF WASHINGTON LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.63	KMART OF WASHINGTON LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.64	KMART OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Codebtors**

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**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.65	KMART OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66	KMART OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67	KMART OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68	KMART OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.69	KMART STORES OF ILLINOIS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70	KMART STORES OF ILLINOIS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.71	KMART STORES OF TEXAS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72	KMART STORES OF TEXAS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73	KMART STORES OF TEXAS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74	KMART STORES OF TEXAS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75	KMART STORES OF TEXAS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.76	KMARTCOM LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.77	KMARTCOM LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78	KMARTCOM LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.79	KMARTCOM LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.80	KMARTCOM LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.81	MAXSERV INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82	MAXSERV INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.83	MYGOFER LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84	MYGOFER LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85	MYGOFER LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.86	MYGOFER LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.87	MYGOFER LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.88	PRIVATE BRANDS LTD	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.89	PRIVATE BRANDS LTD	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90	PRIVATE BRANDS LTD	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.91	PRIVATE BRANDS LTD	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92	PRIVATE BRANDS LTD	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.93	SEARS BRANDS BUSINESS UNIT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.94	SEARS BRANDS BUSINESS UNIT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.95	SEARS BRANDS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.96	SEARS BRANDS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97	SEARS BRANDS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98	SEARS BRANDS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.99	SEARS BRANDS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.100	SEARS BRANDS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



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Name	Mailing Address	Name	Check all schedules that apply:
2.101 SEARS BRANDS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.102 SEARS BUYING SERVICES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.103 SEARS DEVELOPMENT CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.104 SEARS DEVELOPMENT CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.105 SEARS HOLDINGS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.106 SEARS HOLDINGS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.107 SEARS HOLDINGS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.108 SEARS HOLDINGS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.109 SEARS HOLDINGS MANAGEMENT CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.110 SEARS HOLDINGS PUBLISHING COMPANY LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.111 SEARS HOME & BUSINESS FRANCHISES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.112 SEARS HOME IMPROVEMENT PRODUCTS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.113 SEARS HOME IMPROVEMENT PRODUCTS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.114 SEARS HOME IMPROVEMENT PRODUCTS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.115 SEARS HOME IMPROVEMENT PRODUCTS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.116 SEARS HOME IMPROVEMENT PRODUCTS INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.117 SEARS INSURANCE SERVICES LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.118 SEARS OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.119 SEARS OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.120 SEARS OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.121 SEARS OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.122 SEARS OPERATIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.123 SEARS PROCUREMENT SERVICES INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.124 SEARS PROTECTION COMPANY	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.125	SEARS PROTECTION COMPANY	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.126	SEARS PROTECTION COMPANY	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.127	SEARS PROTECTION COMPANY	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.128	SEARS PROTECTION COMPANY	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.129	SEARS PROTECTION COMPANY FLORIDA LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.130	SEARS PROTECTION COMPANY FLORIDA LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.131 SEARS PROTECTION COMPANY FLORIDA LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.132 SEARS PROTECTION COMPANY FLORIDA LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.133 SEARS PROTECTION COMPANY FLORIDA LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.134 SEARS PROTECTION COMPANY PR INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.135 SEARS ROEBUCK ACCEPTANCE CORP	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.136 SEARS ROEBUCK ACCEPTANCE CORP	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.137 SEARS ROEBUCK ACCEPTANCE CORP	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.138 SEARS ROEBUCK ACCEPTANCE CORP	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.139 SEARS ROEBUCK ACCEPTANCE CORP	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.140 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.141 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.142 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing Address	Name	Check all schedules that apply:
2.143 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	UBS AG STAMFORD BRANCH	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.144 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.145 SEARS ROEBUCK AND CO	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.146 SEARS ROEBUCK DE PUERTO RICO INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.147 SEARS ROEBUCK DE PUERTO RICO INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.148 SEARS ROEBUCK DE PUERTO RICO INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



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2.149	SEARS ROEBUCK DE PUERTO RICO INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.150	SEARS ROEBUCK DE PUERTO RICO INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.151	SERVICELIVE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.152	SHC DESERT SPRINGS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.153	SHC DESERT SPRINGS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.154	SHC LICENSED BUSINESS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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	Name	Mailing Address	Name	Check all schedules that apply:
2.155	SHC PROMOTIONS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.156	SOE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.157	SOE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.158	SOE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.159	SOE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.160	SOE INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.161 SRE HOLDING CORPORATION	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.162 STARWEST LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	BANK OF AMERICA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.163 STARWEST LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	CITIBANK NA AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.164 STARWEST LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.165 STARWEST LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	WILMINGTON TRUST AS TRUSTEE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.166 STARWEST LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor SEARS HOLDINGS CORPORATION  
Name

Case number (if known) 18-23538

**Additional Page If Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column 1: Codebtor**

**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.167	STI MERCHANDISING INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.168	STI MERCHANDISING INC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.169	SYW RELAY LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.170	TROY COOLIDGE NO 13 LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	JPP LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.171	TROY COOLIDGE NO 13 LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.172	WALLY LABS LLC	3333 BEVERLY ROAD Street HOFFMAN ESTATES, IL 60179 City, State, Zip Code	PENSION BENEFIT GUARANTY CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern District of: New York  
{State}

Case number (If known): 18-23538

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule  
A/B.....

\$ 0.00

1b. Total personal property:

Copy line 91A from Schedule  
A/B.....

\$ 17,855,004,329.00

1c. Total of all property:

Copy line 92 from Schedule  
A/B.....

\$ 17,855,004,329.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 264,451,420.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206 E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

\$ 12,753,643,937.00

4. Total liabilities.....  
Lines 2+ 3a + 3b

\$ 13,018,095,357.00

Case number (If known):

**Fill in this information to identify the case:**

Debtor name SEARS HOLDINGS CORPORATION

United States Bankruptcy Court for the: Southern District of: New York  
(State)

Case number (If known): 18-23538

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☒ *Schedule A/B Assets - Real and Personal Property* (Official Form 206A/B)

☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)

☒ *Schedule H: Codebtors* (Official Form 206H)

☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)

☐ Amended *Schedule* \_\_\_\_\_

☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)

☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct to the best of my information, knowledge, and belief.

Executed on 01/17/2019  
MM/DD/YYYY

**X**

/s/ Robert A. Riecker

Signature of individual signing on behalf of debtor

Robert A. Riecker

Printed name

Office of the CEO,  
Chief Financial Officer

Position or relationship to debtor